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Item 2 of the provisional agenda*
Adoption of the agenda and other organizational matters

Report of the Bureau of the Commission on Population and Development on its intersessional meeting, held in Vilnius, on 13 and 14 November 2003

I. Background

1. At its thirtieth session, the Commission on Population and Development had authorized the Bureau, in preparation for its sessions, to hold intersessional meetings on a yearly basis. In follow-up to that decision, an intersessional meeting of the Bureau was convened in Vilnius, on 13 and 14 November 2003 at the invitation of the Government of Lithuania and was hosted by the Ministry of Foreign Affairs of Lithuania. Previous Bureau meetings had been held in 1996 (Brussels), 1997 (Mexico City), 1998 (Kuala Lumpur), 1999 (New York), 2000 (Nairobi), 2001 (New York) and 2002 (Rome).

2. The intersessional meeting was held at the Hotel Ratonda of Vilnius. Four of the five members of the Bureau participated in the meeting; Mr. Iftekhar Chowdhury, Permanent Representative of Bangladesh to the United Nations, was unable to attend. A complete list of participants is contained in annex I to the present report. In addition to the members of the Bureau, an observer from the United Nations Population Fund attended the full meeting and two observers, from the Ministry of Foreign Affairs of Lithuania and from the Institute for Social Research of Lithuania, respectively, were present during part of the meeting.

3. The Bureau reiterated the importance of the intersessional meetings for planning the future sessions of the Commission and for stimulating interest in and awareness of population and development issues. The intersessional meetings also provided an opportunity to organize briefings for government officials, scholars and the media in the host country. In Vilnius, the Ministry of Foreign Affairs of Lithuania, in collaboration with the Lithuanian Academy of Sciences, the Institute of Social Research and the Department of Statistics of Lithuania, organized a

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seminar entitled "Population Issues: Global and National Perspectives", held at the auditorium of the Lithuanian Academy of Sciences on Friday, 14 November, from 9.30 a.m. to 1 p.m. All Bureau members participating in the intersessional meeting made presentations at the seminar, which was opened by Gediminas Šerkšnys, Permanent Representative of Lithuania to the United Nations and Chairman of the Commission on Population and Development.

II. Opening

4. The meeting was opened by Šarūnas Adomavičius, Undersecretary of the Ministry of Foreign Affairs of the Republic of Lithuania, who noted the great interest that Lithuania took in the activities of the United Nations and particularly in those of the Economic and Social Council. Mr. Adomavičius underscored the importance of demographic trends and their impact on all aspects of socio-economic development. He welcomed the members of the Bureau of the Commission on Population and Development and wished them success in their deliberations.

5. Joseph Chamie, Director of the Population Division in the Department of Economic and Social Affairs of the Secretariat, also welcomed the members of the Bureau to the meeting and thanked Mr. Šerkšnys and the Ministry of Foreign Affairs for the preparations made in support of the intersessional meeting. Mr. Chamie stressed the importance of the intersessional meetings for the smooth working of the Commission. He then summarized the issues that needed to be discussed by the Bureau and reviewed the background material that had been made available.

III. Deliberations and recommendations

6. Mr. Šerkšnys chaired the deliberations of the Bureau. The provisional agenda was discussed at the start of the meeting and the agenda, as adopted, is presented in annex II to the present report.

7. Among the items discussed at the meeting was the provisional agenda of the Commission on Population and Development at its thirty-seventh session in 2004, including the second quinquennial review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development and the cross-cutting themes that would guide the debate of the Commission under agenda item 3. Also discussed were the proposed themes for the thirty-ninth to forty-first sessions of the Commission, scheduled for 2006 to 2008; the modalities of work of the Commission, including the review requested by the Economic and Social Council and its implications for the future review and appraisal of the Cairo Programme of Action; other decisions adopted by the Economic and Social Council at its substantive session of July 2003 of relevance for the programme of work of the Commission; and other related matters.

8. In regard to the cross-cutting themes for the thirty-seventh session, Mr. Bichler brought to the attention of the Bureau the results of a consultation he had initiated with the major country groupings. He had received responses from the European Union, Canada and the United States of America indicating that a consolidation of the cross-cutting themes proposed by Governments earlier in 2003 would be useful in facilitating a more focused debate on the review and appraisal of the

implementation of the Cairo Programme of Action. The Bureau took into account those responses in consolidating the cross-cutting themes.

9. The Bureau took note of Economic and Social Council resolution 2003/6 of 16 July 2003, entitled "The role of the Economic and Social Council in the integrated and coordinated implementation of the outcomes of and follow-up to major United Nations conferences and summits", in which the Council had referred to General Assembly resolution 57/270 B of 23 June, entitled "Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic and social fields". In that resolution, the Assembly had requested each functional commission to examine its methods of work, on the basis of a report with recommendations to be submitted by the Secretary-General to each functional commission in 2005, in order to better pursue the implementation of the outcomes of the major United Nations conferences and summits. The Bureau debated the implications of the two resolutions for the work of the Commission. It noted that discussion of the implications of resolution 57/270 B could start at the thirty-seventh session of the Commission so as to provide input for the Secretary-General's 2005 report.

10. The Bureau was also informed about the consultations that the Economic and Social Council was planning to hold with the chairpersons of the functional commissions in early 2004 as part of the process of establishing a multi-year work programme for its coordination segment on cross-cutting thematic issues common to the international conferences and summits. The Bureau's suggestions on themes that the Commission on Population and Development might consider in future years would be shared with the Council during those consultations.

11. The implications of resolution 57/270 B for the modality and timing of the periodic review and appraisal of the implementation of the Cairo Programme of Action were discussed by the Bureau. It was noted that in paragraph 47 of resolution 57/270 B the General Assembly had underscored that "the functional commissions, when mandated, should continue to have the primary responsibility for the review and assessment of progress made in implementing United Nations conference documents", and, in paragraph 73, the Assembly had emphasized that "the periodicity and format of the review of the implementation of the outcomes of the major United Nations conferences and summits should be decided on a case-by-case basis by the General Assembly". The view of the Bureau was that, given that the Commission on Population and Development had primary responsibility for the review and assessment of the implementation of the Cairo Programme of Action, as long as such a review and assessment was carried out during the regular sessions of the Commission, the General Assembly would have no objection to it. Approval from the General Assembly would be less certain if it were suggested that the review of the implementation of the Programme of Action should take place in conjunction with an intergovernmental conference or summit. The Bureau concurred that such issues needed to be debated by the Commission on Population and Development.

12. As a result of its discussions, the Bureau made a number of recommendations, which are presented in annex III to the present report. The Bureau reaffirmed the importance of its intersessional meetings in facilitating the work of the Commission.

Annex I

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Annex II

Agenda of the intersessional meeting of the Bureau of the Commission on Population and Development

1. Opening of the meeting.
2. Adoption of the agenda.
3. Commission on Population and Development:
   (a) Agenda, organization of work, documentation and other matters relating to the thirty-seventh session of the Commission in 2004;
   (b) Modalities of work and programme of work of the Commission in 2005-2009;
   (c) Relevant recently adopted resolutions of the General Assembly and the Economic and Social Council, including the joint meeting of the bureaux of the Economic and Social Council and its functional commissions.
4. Related matters.
5. Conclusions.
6. Closing of the meeting.

Annex III

Conclusions and recommendations of the Bureau

I. Provisional agenda, organization of work and working methods for the thirty-seventh session of the Commission

1. The Bureau recommended adoption of the draft organization of work of the Commission at its thirty-seventh session, as shown in appendix I to the present annex. The organization of work reflected one amendment suggested for the agenda of the thirty-seventh session, the addition of item 4bis on the review of the methods of work of the Commission, as requested by the General Assembly in its resolution 57/270 B.

2. The Bureau suggested that the cross-cutting themes for discussion of agenda item 3, entitled "Follow-up actions to the recommendations of the International Conference on Population and Development", should be the following: (a) population imperatives for sustainable development, and (b) building partnerships and capacity, and mobilizing human and financial resources for the implementation of the Programme of Action of the International Conference on Population and Development. It was agreed that the Chairman of the Commission, Mr. Šerkšnys, would communicate that suggestion to all current and future members of the Commission by letter as soon as possible so as to foster a focused and well-prepared debate at the thirty-seventh session of the Commission.

3. The Bureau recommended that, as at the thirty-sixth session, one or two distinguished guest speakers should be invited to address the Commission at the thirty-seventh session, focusing their statements on the lessons learned and the challenges still facing the international community in implementing the Cairo Programme of Action. As at other sessions of the Commission, the Working Group would adjourn during the presentation by the guest speakers.

4. The Bureau recommended that interventions by delegations during the debate on national experiences should address the review and appraisal of the progress made in achieving the goals and objectives of the Cairo Programme of Action at the national level, taking into account the cross-cutting themes identified by the Bureau (see para. 2 above). Oral presentations should be about five minutes in length Delegations wishing to prepare lengthier statements could make them available in writing.

5. As for previous sessions, the Bureau recommended that a working group be established at the thirty-seventh session of the Commission to discuss issues that might result in resolutions or decisions. The working group should begin its work on the afternoon of the first day of the session. The Bureau also recommended that the Population Division of the United Nations Secretariat should prepare initial drafts of resolutions and decisions that might facilitate the deliberations of the working group. The Bureau encouraged the Population Division to conduct consultations with interested Member States in developing the draft proposals. The Bureau thought that the Commission might wish to consider resolutions concerning, among other issues, (a) the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the

International Conference on Population and Development; and (b) the special themes for the years 2006-2008.

6. The Bureau recommended that the Director of the Population Division organize a briefing for delegations before the thirty-seventh session of the Commission on the status of documents, the organization of work, and resolutions and decisions that are likely to be considered by the Commission.

7. The Bureau stressed the importance of the timely availability of documents for the thirty-seventh session of the Commission in order to facilitate preparations of statements by delegations. The Bureau endorsed the posting of advanced unedited versions of the documents on the Internet.

II. Programme of work for future sessions of the Commission

8. The Bureau took note of Commission decision 2003/1, in which the Commission decided that "Population, development and HIV/AIDS, with particular emphasis on poverty" should be the special theme for the Commission at its thirty-eighth session in 2005. The Bureau suggested that other themes that the Commission might consider for its sessions in the years 2006 to 2008 were: (a) internal migration and urbanization; (b) international migration; and (c) changing age structure and population ageing.

9. In addition to the second quinquennial review and appraisal in 2004, the Bureau was informed of other activities and proposals to mark the tenth anniversary of the adoption of the Programme of Action of the International Conference on Population and Development. These included a special commemoration day, possibly in October 2004, as part of the fifty-ninth session of the General Assembly; technical meetings organized by the regional commissions; and a special event planned for June 2004 in conjunction with the meeting of the Executive Board of the United Nations Population Fund. The Bureau requested a calendar showing the timing and venue of those activities and events.

III. Programme of work of the Bureau

10. The Bureau recommended that it should meet prior to the thirty-seventh session of the Commission on Population and Development to review and discuss preparations for the session.

11. The Bureau took note of the draft summary report of its joint meeting with the Bureau of the Economic and Social Council (see appendix II) on 4 April 2003, emphasized the usefulness and the importance of such annual meetings to enhance coordination and information-sharing, and recommended that such meetings should continue to be held at the time of the annual sessions of the Commission.

12. The Bureau took note of the meeting of the Bureau of the Economic and Social Council and the chairpersons of the functional commissions of the Council held at Geneva on 17 July 2003 during the substantive session of the Council. Mr. Šerkšnys represented the Bureau of the Commission on Population and Development at the meeting.

13. Taking note of the consolidated report on the work of the functional commissions of the Economic and Social Council in 2003 (E/2003/90 and Add.1), the Bureau recommended that the Commission on Population and Development take the lead in highlighting the importance of population issues for the work of other functional commissions and in contributing to the setting of priorities in the social and economic fields. In that regard, the Bureau acknowledged the importance of joint meetings with the bureaux of other functional commissions to foster the exchange of views.

14. The Bureau requested the Director of the Population Division of the United Nations Secretariat to conduct informal consultations with Member States regarding the composition of the Bureau for the thirty-seventh session of the Commission and to continue the practice of rotating the chairmanship of the Bureau among regional groups.

IV. Programme of work of the Secretariat in the field of population

15. The Bureau took note of the programme of work of the Population Division of the United Nations Secretariat and stressed the importance of the Population Division in continuing to maintain a comprehensive approach to population and development issues. In particular, the Bureau recommended that the Division continue to investigate new and emerging issues in the field of population and development.

16. The Bureau also recommended that the Population Division continue to convene technical meetings to shed light on key population concerns of the international community, including those related to the special themes discussed annually by the Commission.

17. The Bureau took note of the report that the Population Division would prepare for the thirty-eighth session of the Commission on Population and Development regarding the methods of work of the Commission, including specific recommendations on the issue. The Bureau recommended that a process of consultation with Member States should be followed in preparing the report.

18. The Bureau took note of the consultations that the Economic and Social Council would conduct before adopting a multi-year plan for its coordination segment. The Bureau decided to share with the Council the themes it proposed for the consideration of the Commission at its thirty-seventh session, namely: (a) internal migration and urbanization; (b) international migration; and (c) changing age structure and population ageing.

19. The Bureau took note of a draft resolution before the General Assembly at its fifty-eighth session calling for a 2005 Summit on Development. The Bureau suggested that, if the resolution was adopted, the Commission should take steps to contribute to the Summit.

20. The Bureau was informed of the initiative by Member States to set up an independent global commission on international migration and development whose mandate would run from January 2004 to June 2005. The Bureau also took note of a draft resolution on international migration and development requesting a high-level dialogue on international migration that would take place in 2004. The Bureau recognized that work on international migration was increasing and supported the

allocation of increased human resources to this activity, including the creation of a section devoted exclusively to migration. The Bureau noted with satisfaction that a Second Coordination Meeting on International Migration had been held in conjunction with the debate on international migration and development in the Second Committee of the General Assembly.

Appendix I

Draft organization of work of the Commission on Population and Development at its thirty-seventh session

Date/time	*Agenda item*
Week of 22-26 March 2004	
Monday, 22 March	
Morning	**Item 1. Election of officers**
	Item 2. Adoption of the agenda and other organizational matters
	(a) Report of the Bureau of the Commission on its intersessional meeting (E/CN.9/2004/2)
	(b) Agenda and organization of work (E/CN.9/2004/1; E/CN.9/2004/L.1)
	Item 3. Follow-up actions to the recommendations of the International Conference on Population and Development
	Report of the Secretary-General on the review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development (E/CN.9/2004/3)
	Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2004/4)
Afternoon	**Item 3. Follow-up actions to the recommendations of the International Conference on Population and Development** (*continued*)
	Simultaneous with plenary: informal consultations to discuss draft resolutions
Tuesday, 23 March	
Morning	**Item 3. Follow-up actions to the recommendations of the International Conference on Population and Development** (*continued*)
	Item 4. General debate on national experience in the implementation of the Programme of Action of the International Conference on Population and Development
	Simultaneous with plenary: informal consultations to discuss draft resolutions

Date/time	*Agenda Item*	
Afternoon	**Item 4.**	**General debate on national experience in the implementation of the Programme of Action of the International Conference on Population and Development** (*continued*)
		Keynote speakers on the implementation of the Programme of Action of the International Conference on Population and Development
Wednesday, 24 March		
Morning	**Item 4.**	**General debate on national experience in the implementation of the Programme of Action of the International Conference on Population and Development** (*continued*)
	Item 4bis.	**Review of the methods of work of the Commission on Population and Development**
		Simultaneous with plenary informal consultations to discuss draft resolutions
Afternoon	**Item 5.**	**Programme implementation and future programme of work of the Secretariat in the field of population**
		Report of the Secretary-General on programme implementation and progress of work in the field of population in 2003 (E/CN.9/2004/5)
		Simultaneous with plenary: informal consultations to discuss draft resolutions
		Deadline for submission of draft proposals under items 3, 4 and 5
Thursday, 25 March		
Morning	**Item 6.**	**Provisional agenda for the thirty-eighth session of the Commission**
		Draft provisional agenda for the thirty-eighth session of the Commission (E/CN.9/2004/L.2)
		Simultaneous with plenary: informal consultations to discuss draft resolutions
Afternoon		Informal consultations
Friday, 26 March		
Morning and afternoon	**Item 7.**	**Adoption of the report of the Commission on its thirty-seventh session**

Appendix II

Draft summary report of the joint meeting of the Bureau of the Economic and Social Council and the Bureau of the Commission on Population and Development, 4 April 2003

1. The joint meeting of the bureaux of the Economic and Social Council and the Commission on Population and Development was chaired by the President of the Economic and Social Council (Guatemala). Also in attendance were the representatives of Ethiopia, Finland, Nepal and Ukraine, representing the Bureau of the Council. The Bureau of the Commission on Population and Development was represented by the Chairman (Lithuania) and the representatives from the Gambia, Luxembourg and Peru. The representatives of the Secretariat also took part in the discussion.

2. The President of the Economic and Social Council, after opening the meeting, introduced the members of the Bureau of the Council and noted that the meeting was part of a series of meetings between the Bureau of the Council and the bureaux of the functional commissions. He noted that those meetings provided an opportunity to exchange views and to help the Council provide guidance to its subsidiary bodies. He then asked the Chairman of the Commission on Population and Development to brief the meeting on the work undertaken during the thirty-sixth session of the Commission and to discuss other agenda items.

3. The Chairman of the Commission expressed appreciation for the opportunity to exchange views with the Bureau of the Economic and Social Council, introduced members of the Bureau of the Commission and then proceeded to describe briefly the highlights of the deliberations of the Commission. He said that a large number of delegations, including 33 observers, had participated in the Commission. Such a large participation in the thirty-sixth session was attributable to the widespread interest in the theme "Population, education and development" as well as interest in what the Commission might decide regarding the second quinquennial review and appraisal of the implementation of the Cairo Programme of Action at the thirty-seventh session in the context of the ongoing work of the General Assembly Working Group on United Nations Conference follow-up. The documentation for the Commission's deliberations included the *World Population Monitoring* report on the special theme of population, education and development, as well as documents on world demographic trends, population programmes, flow of financial resources and the programme of work of the United Nations Population Division.

4. The Chairman of the Commission informed the meeting that the 2003 session of the Commission had seen the very successful innovation of having two eminent keynote speakers address the Commission instead of having the usual panel discussion. The stimulating speeches had enlivened the debate on the special theme and had been very well received by the delegates.

5. The Commission had formed a Working Group to hold informal consultations on possible resolutions and decisions. Resolutions/decisions had been adopted by the Commission on the subjects of: (a) the special theme of population, education and development; (b) the provisional agenda for the session of the Commission in 2004; and (c) establishing the special theme for the year 2005 as "Population, development and HIV/AIDS, with particular emphasis on poverty".

6. Welcoming the first meeting of the chairpersons of the functional commissions in New York in 2002, the Chairman of the Commission said that the meeting had been very useful for achieving greater coordination among the commissions. Furthermore, the close cooperation among the secretariats of the functional commissions in areas of common interest had given consistency and coherence to the work of the functional commissions. In that connection, the Chairman mentioned the issues of ageing and HIV/AIDS as examples where the functional commissions and their secretariats were able to coordinate their work.

7. The Chairman of the Commission said that at each of the intersessional meetings the bureaux of the commissions had taken a close look at the relevant conclusions, resolutions and decisions adopted by the Economic and Social Council during the previous year. He indicated that it would be useful, when considering the themes for future sessions of the Commission, to know, if possible, the theme for the high-level and coordination segments of the Council. Noting the theme of the Council's coordination segment for 2003, "The role of the Economic and Social Council in the integrated and coordinated implementation of the outcomes of and follow-up to major United Nations conferences and summits", he said that the result of the Council's deliberations in that area would be very important to the work of the Commission in 2004 on the quinquennial review and appraisal of the implementation of the Cairo Programme of Action.

8. The Vice-Chairman of the Commission who chaired the Working Group established by the Commission to consider possible resolutions and decisions further informed the meeting about the deliberations in the Commission and noted specifically the intensive debate that took place regarding the 10-year review and appraisal of the Cairo Programme of Action. The Vice-Chairman stressed the importance of the expected recommendations of the General Assembly Working Group for the future work of the Commission.

9. A representative of the Population Division of the Department of Economic and Social Affairs, which acts as the secretariat of the Commission, noted the Bureau's efforts in the successful conclusion of the current session and mentioned the scheduled General Assembly debate on international migration and development, for which the Division would prepare the report of the Secretary-General. The report would discuss the political implications for countries on both sides of the issues of migration. The other important issues for the Division, which were also included in the Secretary-General's proposals for strengthening the United Nations, would be HIV/AIDS and ageing of the population.

10. Thanking the Chairman of the Commission for his detailed briefing, the President of the Economic and Social Council then reviewed the themes for each of the four segments of the substantive session of the Council and expressed the hope that the Council would be able to select the themes earlier than in previous years to give sufficient time to its subsidiary bodies for appropriate consideration of the issues in order to make a substantive contribution to the work of the Council. Highlighting the upcoming important events, he mentioned the meeting with the Bretton Woods institutions and the World Trade Organization in the context of the Monterrey Consensus, the meeting with the chairs of the functional commissions to be held in June/July 2003 and two planned informal consultations to review the reports of the functional commissions.

11. The President pointed to the multidimensional nature of the population issue, which, one way or the other, affected the whole spectrum of issues discussed in the Economic and Social Council. Referring to the progress made in the Working Group on Conference follow-up, he saw no overriding need for the same follow-up arrangements for all conferences. How to coordinate under the Council different issues and actors was a conceptual problem, but in his opinion, there was no need to force equality on technical bodies other than to coordinate their work through respective secretariats.

12. A member of the Bureau of the Economic and Social Council stressed the importance of developing a mechanism for the functional commissions, either through the meeting of the chairpersons or through closer cooperation among the commission secretariats, to make a substantive contribution to the work of the Council. She also agreed that the commissions should be given enough lead time for their outcome to feed into the work of the Council. A member of the Bureau of the Commission welcomed the meeting of chairpersons as a means for closer cooperation among the functional commissions and proposed that consultations be held among the commissions on the preparation of their reports.

13. A member of the secretariat of the Economic and Social Council briefed the meeting on the discussion in the General Assembly Working Group on Conference follow-up regarding the review of individual conferences. He indicated that a consensus was developing in favour of a flexible review mechanism to be decided by each individual commission based on its own particular circumstances instead of an automatic five- and ten-year review of each conference. Regarding the functional commissions' contribution to the work of the Council, he said that all commissions should take into consideration Council themes and the agreed conclusions and resolutions adopted by the Council. In the light of the experience in 2002, he remarked that the secretariat would be in a better position to prepare the meeting of the chairpersons of the functional commissions in 2003.

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Follow-up actions to the recommendations of the International Conference on Population and Development

Review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The Programme of Action of the International Conference on Population and Development recommended that the General Assembly organize a regular review of the implementation of the Programme of Action. In its resolution 49/128 of 19 December 1994, the Assembly named the Commission on Population and Development as the body responsible for monitoring, reviewing and assessing the implementation of the Programme of Action. The report of the Secretary-General on the first review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action was presented to the Commission in 1999 (E/CN.9/1999/PC/2). In its decision 2003/229 of 21 July 2003, the Economic and Social Council approved the preparation of a report on the second quinquennial review and appraisal for submission to the thirty-seventh session of the Commission in 2004. In accordance with that decision, the present report presents the results of the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action.

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This report is divided into an introduction and seven sections. The first two sections provide an overview of population levels and trends, and population growth, structure and distribution in the world and its major regions. These are followed by four sections focusing on clusters of issues: reproductive rights and reproductive health, health and mortality, international migration, and population programmes. The final section summarizes the major conclusions of the report. Reflected in the discussions in all the sections, both explicitly and implicitly, are three interrelated factors that affect implementation of all the recommendations of the Programme of Action, namely, availability of financial and human resources, institutional capacities, and partnerships of Governments, the international community, non-governmental organizations and civil society. The full implementation of the Programme of Action requires concerted action on these three fronts.

The overarching conclusion of this report is that the decade since the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing of children, mortality is declining in most countries and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS and other mortality crises, and Governments are initiating processes to address concerns related to international migration.

While much progress has been made in implementation of the Programme of Action during the last 10 years, there have also been shortfalls and gaps. The progress has not been universal and, based on current trends, many countries may fall short of the agreed goals of the Programme of Action. To achieve the goals and objectives of the Programme of Action, continued efforts and commitment are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture partnerships among Governments, the international community, non-governmental organizations and civil society. With such efforts and commitment, the next review and appraisal can be expected to show broader and deeper progress in achieving the goals and objectives of the Programme of Action.

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Introduction

1. The Programme of Action of the International Conference on Population and Development (United Nations, 1995, chap. I, resolution 1; annex) recommended that the General Assembly organize a regular review of the implementation of the Programme of Action. In its resolution 49/128 of 19 December 1994, the General Assembly had named the Commission on Population and Development as the body responsible for monitoring, reviewing and assessing the implementation of the Programme of Action, and requested the Economic and Social Council to review the reporting procedures within the United Nations system regarding population and development issues, including a quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action. In its resolution 1995/55 of 28 July 1995, the Council endorsed the proposed report of the Secretary-General providing such a review and appraisal, to be prepared quinquennially for the Commission. The report of the Secretary-General on the first review and appraisal was presented to the Commission in 1999 (E/CN.9/1999/PC/2).

2. In its decision 2003/229 of 21 July 2003, the Economic and Social Council approved the preparation of a report on the second quinquennial review and appraisal for the thirty-seventh session of the Commission in 2004. In accordance with that decision, the present report presents the results of the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action.

3. This report is divided into an introduction and seven sections. The first two sections provide an overview of population levels and trends, and population growth, structure and distribution in the world and its major regions. These are followed by four sections focusing on clusters of issues: reproductive rights and reproductive health, health and mortality, international migration, and population programmes. The final section summarizes the major conclusions of the report. Reflected in the discussions in all the sections, both explicitly and implicitly, are three interrelated factors that affect implementation of all the recommendations of the Programme of Action, namely, availability of financial and human resources, institutional capacities, and partnerships among Governments, the international community, non-governmental organizations and the civil society. The full implementation of the Programme of Action requires concerted action on these three fronts.

I. Population levels and trends

4. The Programme of Action identified population growth as an important element in the development process and stressed that, in order to achieve an improved quality of life for present and future generations, it was important to facilitate the transition towards low birth and death rates, and hence towards slower population growth. By 2004, nearly all countries of the world have experienced some reduction of fertility, the main source of population growth. However, the world population is still increasing, although at a declining rate. In addition, demographic diversity across regions and countries with regard to the components of population growth has been increasing and will continue to influence regional population distribution.

5. In 2004, the world population stands at 6.4 billion persons (table 1). Between 1994 and 2004, 784 million persons were added to the world population, implying an average annual growth rate of 1.3 per cent per year. The less developed regions have been growing more rapidly than the more developed regions (at annual rates of 1.6 per cent and 0.3 per cent, respectively). The growth rate of the least developed countries remains especially high at 2.4 per cent per year. By 2015, the world population is projected to reach 7.2 billion persons, a rise equivalent to an annual growth rate of 1.1 per cent during 2004-2015. During that period, 104 countries, accounting for 41 per cent of the world population, are expected to exhibit growth rates lower than 1 per cent per year. Yet, even projecting continued fertility reductions, during 2004-2015, 52 countries, accounting for 14 per cent of the world population, are still expected to experience growth rates above 2 per cent per year. Among them, 31 are least developed countries.

Table 1
Population by major area, 1994, 2004 and 2015, and average annual rate of change, 1994-2004 and 2004-2015

	Population by major area (millions)			*Average annual rate of change (percentage)*	
Major area	*1994*	*2004*	*2015*	*1994-2004*	*2004-2015*
World	5 594	6 378	7 197	1.31	1.10
More developed regions	1 170	1 206	1 230	0.31	0.18
Less developed regions	4 424	5 172	5 967	1.56	1.30
Least developed countries	576	736	942	2.44	2.25
Africa	690	869	1 085	2.31	2.01
Asia	3 379	3 871	4 371	1.36	1.10
Europe	727	726	713	-0.02	-0.15
Latin America and the Caribbean	473	551	628	1.52	1.20
Northern America	296	329	364	1.05	0.92
Oceania	28	33	37	1.36	1.04

Source: *World Population Prospects: The 2002 Revision, vol. 1, Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

6. Most of the increase in world population occurs in the less developed regions. Indeed, developing countries contributed 747 million persons to the world population increase of 784 million during 1994-2004. Six developing countries account for about half of the annual population growth in the world: India (21 per cent); China (13 per cent); and Pakistan, Nigeria, Bangladesh and Indonesia (about 4 per cent each).

7. As a result of the differences in growth rates between more developed and less developed regions, the distribution of the world population is shifting towards the less developed regions. In 2004, about four out of every five persons in the world live in the less developed regions. The five most populous countries are China (1.3 billion), India (1 billion), the United States of America (297 million), Indonesia

(223 million) and Brazil (181 million). Four of these are in the less developed regions. However, rates of population growth also vary considerably in the developing world. Africa is the fastest growing major area, at a rate of 2.3 per cent annually, followed by Latin America and the Caribbean (1.5 per cent annually) and Asia (1.4 per cent). In the developed world, Northern America is still growing at a robust rate of 1.0 per cent per year, whereas Europe has been experiencing a reduction of its population, at a rate of -0.02 per cent annually during 1994-2004.

8. Africa, Asia and, to a lesser extent, Latin America and the Caribbean have all increased their share of the world population since 1994 (table 2). The share of Africa rose from 12 per cent in 1994 to 14 per cent in 2004, that of Asia from 60 to 61 per cent, and that of Latin America and the Caribbean from 8 to 9 per cent. The shares of Northern America and Oceania remained at 5 per cent and 1 per cent, respectively. In contrast, Europe's share declined from 13 to 11 per cent. By 2015, Europe's share will have declined further to about 10 per cent, whereas the shares of Africa, and Latin America and the Caribbean, will continue to grow. Between 2004 and 2015, 22 countries in Europe, 4 in Asia, 4 in Africa and 3 in Latin America and the Caribbean are expected to experience declines in population size. The population decline in the four countries of Africa will be due to the devastating impact of the HIV/AIDS epidemic, whereas that in the other countries will result from low fertility levels.

Table 2
Distribution of world population by major area, 1994, 2004 and 2015

	Population by major area (millions)			*Percentage distribution*		
Major area	*1994*	*2004*	*2015*	*1994*	*2004*	*2015*
World	5 594	6 378	7 197	100.0	100.0	100.0
More developed regions	1 170	1 206	1 230	20.9	18.9	17.1
Less developed regions	4 424	5 172	5 967	79.1	81.1	82.9
Least developed countries	576	736	942	10.3	11.5	13.1
Africa	690	869	1 085	12.3	13.6	15.1
Asia	3 379	3 871	4 371	60.4	60.7	60.7
Europe	727	726	713	13.0	11.4	9.9
Latin America and the Caribbean	473	551	628	8.5	8.6	8.7
Northern America	296	329	364	5.3	5.2	5.1
Oceania	28	33	37	0.5	0.5	0.5

Source: *World Population Prospects: The 2002 Revision*, vol. 1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

9. Nearly half of the inhabitants of the world live in urban areas. In the more developed regions, three out of four people are urban-dwellers, whereas in the less developed regions the proportion is two out of five. The level of urbanization varies considerably among major areas. In Northern America, Latin America and the Caribbean, Oceania and Europe, about three out of every four persons live in urban areas. In contrast, in Asia and Africa, only two out of five persons are urban-

dwellers. Although urban areas encompass an increasing share of the world population, one quarter of the world population lives in small cities with fewer than 500,000 inhabitants.

10. The world total fertility rate declined from over 3 children per woman in 1990-1995 to about 2.7 children today (table 3). Since the early 1990s, the number of countries with average total fertility above 5 children per woman has dropped from 55 in 1990-1995 to 34 in 2000-2005. Among those 55 countries, 41 were located in Africa, 11 in Asia, 2 in Oceania and 1 in Latin America and the Caribbean. Of the 34 countries where fertility remains high in 2000-2005, 28 are located in Africa and 6 in Asia. At the other end of the distribution, the number of countries with fertility below replacement level has been growing, having risen from 51 in 1990-1995 to 62 in 2000-2005. In 1993, just 10 of the countries with below-replacement fertility were in the less developed world; but by 2003, the number of developing countries with below-replacement fertility had doubled to 20.

Table 3
Total fertility rate by major area, 1990-1995, 2000-2005 and 2010-2015

	Total fertility rate (children per woman)		
Major area	*1990-1995*	*2000-2005*	*2010-2015*
World	3.03	2.69	2.50
More developed regions	1.69	1.56	1.60
Less developed regions	3.40	2.92	2.65
Least developed countries	5.77	5.13	4.40
Africa	5.63	4.91	4.19
Asia	2.98	2.55	2.30
Europe	1.58	1.38	1.40
Latin America and the Caribbean	3.01	2.53	2.23
Northern America	2.02	2.05	2.03
Oceania	2.55	2.34	2.16

Source: *World Population Prospects: The 2002 Revision*, vol. 1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

11. In 2000-2005, life expectancy at birth in the world is expected to reach 66 years, up from 64 years in 1990-1995. Over 100 countries have attained a life expectancy greater than 70 years, accounting for 47 per cent of the world population in 2003. Although considerable progress continues to be made worldwide, the last decade of the twentieth century witnessed major setbacks, particularly in countries affected by the HIV/AIDS epidemic and in those affected by conflict. Life expectancy is still below 50 years in 36 countries, 33 of which are in sub-Saharan Africa and most of which are affected by HIV/AIDS and/or conflict. In the 53 countries most affected by the HIV/AIDS epidemic, it is estimated that HIV was the cause of nearly 20 million excess deaths by 2000-2005 and that the number of excess deaths will likely rise to 32 million by 2010-2015, even under the assumption that measures to control the further spread of the disease will be moderately successful.

12. The global infant mortality rate is estimated at 56 deaths per 1,000 live births in 2000-2005, the result of 8 deaths per 1,000 live births in the more developed regions and 61 deaths per 1,000 live births in the less developed regions. Over 130 countries are expected to achieve an infant mortality below 50 by 2000-2005, as called for in the Programme of Action (para. 8.16). However, 62 countries (41 of which are least developed countries), accounting for 35 per cent of the world population, will not meet that goal.

13. The 1990s witnessed continued increases in international population movements. As of mid-2000, approximately 175 million persons, or 3 per cent of world population, were international migrants, up from 154 million in 1990 (table 4). Forty-eight per cent of all international migrants were female. In 2000, 104 million international migrants lived in the more developed regions and 71 million in the less developed regions, that is, three out of every five international migrants lived in developed countries where they constituted about 9 per cent of the total population. In 2000, 84 per cent of all international migrants lived in Asia, Europe and Northern America. Because of the very low levels of fertility prevalent in countries of the more developed regions, international migration has become a major contributor to population growth in these countries. During 1990-2000, the contribution of net international migration to population growth in the more developed regions was slightly larger than that of natural increase and it is expected that during 2000-2010, the contribution of net international migration will be three times as large as that of natural increase in the more developed regions.

Table 4
Migrant stock by major area, 2000

	Migrant stock		
	Total population (millions)	*Number (millions)*	*Percentage of population*
Major area	*2000*	*2000*	
World	6 057	175	2.9
More developed regions	1 191	104	8.7
Less developed regions	4 865	71	1.5
Least developed countries	668	11	1.6
Africa	794	16	2.1
Asia	3 672	50	1.4
Europe	727	56	7.7
Latin America and the Caribbean	519	6	1.1
Northern America	314	41	13.0
Oceania	31	6	19.1

Source: *International Migration, 2002* (United Nations publication, Sales No. E.03.XIII.3), wall chart.

14. The Programme of Action aimed to fully integrate population concerns into development, environmental and poverty reduction strategies, providing for adequate resource allocation at all levels. With respect to the wide range of

environmental, social, health and economic goals set out at the International Conference on Population and Development in its Programme of Action, and at other global conferences, progress has been mixed. Overall, despite some setbacks in selected countries, progress has been made in reducing poverty rates, though not in reducing the absolute number of poor persons. Despite sustained increases in food supply globally, the number of undernourished people has grown since 1995, as food insecurity increased in many of the poorest countries (Food and Agriculture Organization of the United Nations, 2003). The World Summit on Sustainable Development, held in Johannesburg, South Africa, in 2002, presented an opportunity to produce concrete steps and identify quantifiable targets for the enhanced implementation of Agenda 21 (United Nations, 1993, resolution 1, annex II). Furthermore, in 2000, leaders of 189 countries gathered at the United Nations Millennium Summit and agreed on a set of Millennium Development Goals aimed at reducing global poverty and hunger by half by 2015, reducing maternal and child mortality rates, curbing the spread of HIV, advancing gender equality, and promoting environmentally sustainable development. These goals complement and reinforce those of the Programme of Action.

II. Population growth, structure and distribution

15. The Programme of Action reflected the view that the early stabilization of world population would make an important contribution to the achievement of sustainable development, and it reflected a consensus view that slower population growth could buy more time for societies to combat poverty and protect the environment.

16. Continued high rates of population growth remain an issue of policy concern for many Governments, especially in the less developed regions. Rapid population growth at the national level is also seen as exacerbating problems associated with population distribution, especially the rapid growth of cities. In 2001, over half of the countries in the less developed regions had policies to lower their rate of population growth. Among the least developed countries, where population growth rates are the highest, almost two thirds had policies and programmes to lower their rates of population growth (table 5).

17. While most countries in the less developed regions are concerned with high population growth, an increasing number of countries in the more developed regions are expressing concern about their low rates of population growth. Between 1991 and 2001, the proportion of developed countries that perceived their population growth rate to be too low more than doubled from 16 to 35 per cent; and 25 per cent of the countries in the more developed regions had a policy to increase their growth rate in 2001, a substantial increase from 19 per cent in 1991 (table 5).

18. The Second World Assembly on Ageing, held in Madrid in April 2002, adopted a Political Declaration (United Nations, 2002 b, chap. I, resolution 1, annex I) reinforcing the objectives set in the Programme of Action. It reasserted the commitment of Governments to respond to the opportunities and challenges posed by population ageing in the twenty-first century and to promote the development of a society for all ages.

Table 5
Government policies on the rate of population growth, more developed regions, less developed regions and least developed countries: 1991, 1996 and 2001

	Number of countries					*Percentage*				
Year	*Raise*	*Maintain*	*Lower*	*No intervention*	*Total*	*Raise*	*Maintain*	*Lower*	*No intervention*	*Total*
World										
1991	21	15	66	66	168	12.5	8.9	39.3	39.3	100.0
1996	25	16	70	82	193	13.0	8.3	36.3	42.5	100.0
2001	22	18	76	77	193	11.4	9.3	39.4	39.9	100.0
More developed regions										
1991	7	10	1	19	37	18.9	27.0	2.7	51.4	100.0
1996	11	6	1	30	48	22.9	12.5	2.1	62.5	100.0
2001	12	7	1	28	48	25.0	14.6	2.1	58.3	100.0
Less developed regions										
1991	14	5	65	47	131	10.7	3.8	49.6	35.9	100.0
1996	14	10	69	52	145	9.7	6.9	47.6	35.9	100.0
2001	10	11	75	49	145	6.9	7.6	51.7	33.8	100.0
Least developed countries										
1991	3	1	20	22	46	6.5	2.2	43.5	47.8	100.0
1996	1	1	26	21	49	2.0	2.0	53.1	42.9	100.0
2001	1	1	32	15	49	2.0	2.0	65.3	30.6	100.0

Source: Population Policy Data Bank maintained by the Population Division of the United Nations Secretariat.

19. Owing to declining mortality levels and the persistence of high levels of fertility, most developing countries continue to have large numbers of children and young people in their populations. The fact that rapid growth in the number of young people and adolescents boosts demand for health-care services, education and employment, entails major challenges and responsibilities for society and strains the capacities of institutions in developing countries. In 2004, children under age 15 constitute 31 per cent of the population of the less developed regions, and 43 per cent of that in the least developed countries. Despite the declining growth rates in the child population, the number of children continues to increase in the less developed regions.

20. The Programme of Action sought to promote the health, well-being and potential of all children, adolescents and youth in accordance with the commitments made at the World Summit for Children and set forth in the Convention on the Rights of the Child (General Assembly resolution 44/25, annex (para. 6.7 (a))). The Programme of Action encouraged children, adolescents and youth, particularly young women, to continue their education, whose beneficial effects include reducing the incidence of early marriage and motherhood. The Programme of Action also called for the expansion of employment opportunities for young people. In regard to

older persons, the Programme of Action set out the following objectives: to improve the self-reliance of the elderly, to develop health-care systems and social security schemes that paid special attention to the needs of older women and to enhance the ability of families to take care of the elderly within the family (para. 6.17).

21. The rising trend in school enrolment at all educational levels and the declining trend in illiteracy are benefiting both girls and boys. In 1990, 80 per cent of primary school-age children had been either enrolled in or attending school (net primary enrolment ratio), a figure that increased by just 2 percentage points, to 82 per cent, by 1999. The gender gap was halved during that period, but it is still a serious concern in sub-Saharan Africa, Southern Asia, Western Asia and Northern Africa (United Nations Children's Fund (UNICEF), 2001). Overall, enrolment ratios in secondary school increased from 1990 to 1999 in all regions of the world, except in countries with economies in transition. The gender gap in secondary enrolment has also declined in all regions where the enrolment of girls was lower than that of boys. Nevertheless, there is still much to be done in order to improve the secondary-school enrolment of girls, especially in Southern Asia, Western Asia and sub-Saharan Africa. According to recent estimates (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2002), youth illiteracy rates, which reflect the proportion illiterate among those aged 15-24, declined in all regions between 1990 and 2000. However, female youth illiteracy rates are still substantially higher than those of males, especially in the less developed regions, and there has been little progress in reducing this gap since 1990.

22. The number of older persons in the world is still smaller than the child population, but the older population is growing at a much faster pace. The number of persons aged 60 years or over is estimated to have increased from 530 million to 654 million between 1994 and 2004. Many societies, especially those in more developed regions, already have population age structures with higher proportions of elderly than ever seen before. In fact, there are more persons aged 60 years or over in the more developed regions than children under age 15 (241 million versus 208 million in 2004).

23. While once limited to developed countries, concern about the consequences of population ageing has spread to many of the developing countries. In fact, because of rapid reductions of fertility, the tempo of ageing is more rapid in the less developed regions than in the more developed regions. Thus, between 2004 and 2015, the annual growth rate of the population aged 60 years or over is expected to surpass 3 per cent in the less developed regions, a rate that is almost twice as high as that in the more developed regions. Because it is likely to become more difficult to adjust to rapid changes in age structure, developing countries may find the difficulty of coping with the ageing process greater than that experienced by the developed countries so far.

24. Population ageing will have wide-ranging economic and social consequences for economic growth, savings and investment, labour supply and employment, pension schemes, health and long-term care, inter-generational transfers, taxation, family composition and living arrangements. For the older population, key issues concern their socio-economic status, productive ageing and quality of life. Developed countries have been more likely than developing countries to exhibit a range of policies and programmes to meet the needs of the elderly. For instance, health-care services specifically designed to deal with the needs of older persons are

available in many developed countries, but few developing countries have such services as yet.

25. Although nearly all countries report the availability of pension schemes, many do not have universal coverage. Although the socio-economic status of older persons has been enhanced by improvements in pension schemes, older women are more likely to be poor than older men because they are more likely to be widowed and their contributions towards pension schemes have generally been smaller. In light of current and future challenges regarding social security, the International Labour Conference adopted in 2001 a resolution and a series of conclusions calling for a campaign to extend the coverage of social security and for Governments to give higher priority to social security issues (International Labour Organization (ILO), 2001).

26. One of the major trends at the end of the twentieth century was the growth of urban agglomerations. By 2004, 49 per cent of the world's population were living in urban areas (table 6). With urban areas growing three to four times faster than their rural counterparts, United Nations projections show that the number of urban-dwellers could outnumber the rural population by 2007. In 2004, three of every four persons in the more developed regions lived in urban areas, compared with two of every five persons in the less developed regions.

Table 6
Proportion of population residing in urban areas, by major area, 1994, 2004 and 2015

	Proportion residing in urban areas (percentage)		
Major area	*1994*	*2004*	*2015*
World	44.9	48.8	53.9
More developed regions	74.4	75.7	77.6
Less developed regions	37.1	42.6	48.9
Least developed countries	22.6	28.1	35.3
Africa	33.9	39.6	46.4
Asia	34.3	39.6	45.9
Europe	72.8	73.7	75.4
Latin America and the Caribbean	72.7	76.8	80.8
Northern America	75.9	77.5	79.3
Oceania	71.1	73.6	75.6

Source: *World Urbanization Prospects: The 2001 Revision* (United Nations publication, Sales No. E.02.XIII.16).

27. The giant urban agglomerations of the world are becoming both larger and more numerous. There were 16 mega-cities with at least 10 million inhabitants in 2000, and their number is expected to rise to 21 by 2015. However, throughout the 1990s, smaller settlements with fewer than 500,000 inhabitants and those with a population ranging from 1 million to 5 million inhabitants had accounted for the

largest shares of the increase in the world urban population. A similar pattern is anticipated during 2000-2015.

28. There is growing concern regarding the capacity of cities to absorb rapid population growth. Many Governments have expressed concern that high rates of rural-urban migration can hamper their cities' ability to provide all their residents with clean water, power and waste management. In 2001, 39 per cent of Governments considered that their patterns of population distribution required major changes. Of these, 87 per cent were in less developed regions (table 7). In 2001, among all major areas, Africa had the highest proportion of Governments desiring major changes in spatial distribution (64 per cent). Issues of population distribution featured prominently not only at the International Conference on Population and Development, but also at the United Nations Conference on Human Settlements (Habitat II), held in Istanbul in June 1996, and, with regard to the rural population, at the World Food Summit, held in Rome in November 1996.

29. In many developing countries, population distribution policies are largely synonymous with measures to reduce rural-urban migration. In practice, most policies aimed at slowing the growth of large metropolitan areas have been ineffective. Although there is a broad consensus among Governments in the developing world concerning the desirability of promoting small and medium-sized cities, the means to achieve that goal are less clear.

30. In 2001, the General Assembly held a special session to review and appraise the implementation of the Habitat Agenda (United Nations, 1996, chap. I, resolution 1, annex II), reinforcing the commitment to future actions and further initiatives in respect of the Agenda. As a result, the Assembly adopted the Declaration on Cities and Other Human Settlements in the New Millennium, as contained in the annex to its resolution S-25/2 of 9 June 2001. The Declaration reaffirmed that human beings are at the centre of concerns for sustainable development and emphasized that full advantage had to be taken of the complementary contributions and linkages between rural and urban areas by giving appropriate attention to the different economic, social and environmental requirements of each.

31. There are an estimated 370 million indigenous people in more than 70 countries worldwide. Indigenous peoples are the inheritors and practitioners of unique cultures and ways of relating to other people and to the environment. In 1994, the General Assembly launched the International Decade of the World's Indigenous People (1994-2004) to increase the United Nations commitment to promoting and protecting the rights of indigenous people worldwide. As part of the Decade, the organizations of the United Nations system have been working with indigenous peoples to design and implement projects on health, education, housing, employment, development and the environment that promote the protection of indigenous people and their traditional customs, values and practices. By Economic and Social Council resolution 2000/22 of 28 July 2000, a Permanent Forum on Indigenous Issues was created with the mandate to deal with six main areas: economic and social development, culture, the environment, education, health and human rights.

Table 7
Governments' views on spatial distribution, more developed regions, less developed regions, least developed countries, and major areas, 2001

	Number of countries				*Percentage*			
	Satisfactory	*Minor change desired*	*Major change desired*	*Total*	*Satisfactory*	*Minor change desired*	*Major change desired*	*Total*
World	66	52	75	193	34.2	26.9	38.9	100.0
More developed regions	26	12	10	48	54.2	25.0	20.8	100.0
Less developed regions	40	40	65	145	27.6	27.6	44.8	100.0
Least developed countries	11	11	27	49	22.4	22.4	55.1	100.0
Africa	9	10	34	53	17.0	18.9	64.2	100.0
Asia	14	16	16	46	30.4	34.8	34.8	100.0
Europe	22	12	9	43	51.2	27.9	20.9	100.0
Latin America and the Caribbean	11	12	10	33	33.3	36.4	30.3	100.0
Northern America	2	0	0	2	100.0	0.0	0.0	100.0
Oceania	8	2	6	16	50.0	12.5	37.5	100.0

Source: Population Policy Data Bank maintained by the Population Division of the United Nations Secretariat.

32. The Programme of Action also made recommendations concerning the rights and participation of persons with disabilities. On 19 December 2001, the General Assembly adopted resolution 56/168 in which the Assembly decided to establish an ad hoc committee to consider proposals for a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities, based on the holistic approach in the work done in the fields of social development, human rights and non-discrimination, and taking into account the recommendations of the Commission on Human Rights and the Commission for Social Development.

33. Lastly, largely as a result of environmental degradation, natural disasters, armed conflict and forced resettlement, internally displaced persons are the fastest-growing group of uprooted persons in the world. The Programme of Action expressed concern about the situation of persons who had been forced to leave their places of usual residence and recommended that adequate protection and assistance be given to persons in those circumstances (para. 9.20). The Office of the United Nations High Commissioner for Refugees (UNHCR) has extended its protection and assistance to certain groups of internally displaced persons not included in its original mandate. In 2002, 5.3 million internally displaced persons were under UNHCR protection or the recipients of its assistance.

III. Reproductive rights and reproductive health

34. The Programme of Action emphasized that all countries should strive to make accessible through the primary health-care system, reproductive health (para. 7.6) to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

35. The twenty-first special session of the General Assembly for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development called for improvement in a broad range of reproductive health services. Two key strategic steps to be taken in moving towards a reproductive health approach are integrating existing services and broadening available services.

36. The implementation of reproductive health programmes has been constrained in many countries by operational bottlenecks, especially difficulties in integrating reproductive health services into primary health care in a manner that makes such services accessible to and affordable by all. The challenge has been to maintain, and if possible improve, the effectiveness of the components of health care while achieving synergy and more cost-effective provision of services. Issues related to the integration of service components include setting priorities within reproductive health care, consolidating successful components and extending their scope in an incremental manner, and making sure that services are technically adequate and acceptable to clients and that priority is given to underserved groups (United Nations, 2003a; and Lush, 2002).

37. In many countries, the vertical organizational structure of health-care systems continues to be the main institutional barrier to a more integrated approach. At the service delivery level, the focus has been on further integrating maternal and child health and family planning services with the prevention, screening and treatment of sexually transmitted infections including HIV/AIDS.

38. In Asia and the Pacific, for example, the Fifth Asian and Pacific Population Conference, held in Bangkok in December 2002, noted that since the International Conference on Population and Development, some countries had successfully integrated family planning with other components of reproductive health services. The Islamic Republic of Iran, the Republic of Korea, Sri Lanka and Thailand were providing integrated services, whereas several governmental organizations were responsible for different service components in other countries, such as Indonesia and Viet Nam (United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP), 2002). Community and private sector involvement along with social marketing mechanisms to provide non-clinical methods of contraception has been achieved in Bangladesh, the Philippines, Thailand and Viet Nam. A field survey of countries in the region found that, although there was a clear desire to provide integrated reproductive health services, major obstacles — especially management arrangements, financial constraints, training of service providers and logistic systems — hindered progress. Many developing countries with high fertility

and low contraceptive prevalence reported that their programmes were not ready for integration and considered that the move towards a reproductive health approach would dilute family planning efforts (United Nations, 2003b).

39. Increasing emphasis is being given to quality-of-care issues such as client choice of methods; information for and counselling of users; technical competence of providers; interpersonal relations between providers and clients (with an emphasis on such issues as privacy, confidentiality, informed choice, concern, empathy, honesty, tact and sensitivity); mechanisms for follow-up and continuity of care; and an appropriate constellation of services. The shift to a quality-of-care approach has been motivated by the lack of staff skills and understanding of client needs, especially with regard to the communication of options available to them.

40. The objectives of the Programme of Action in the area of family planning are to help couples and individuals meet their reproductive goals; to prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies; to make quality family planning services affordable, acceptable and accessible to all who need and want them; to improve the quality of family planning advice, information, education, communication, counselling and services; to increase the participation and sharing of responsibility of men in the actual practice of family planning; and to promote breastfeeding (para. 7.14). The Programme of Action stated that all countries should take steps to meet the family planning needs of their populations and should in all cases seek to provide, by the year 2015, universal access to a full range of safe and reliable family planning methods (para. 7.16). In 1999, the General Assembly at is twenty-first special session further recommended that where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050 (para. 58).

41. Family planning has long been a central component of population policies and programmes and is an integral part of reproductive health. At the world level, over three fifths of married women or women in unions are using contraception (table 8). Africa has the lowest contraceptive prevalence in the world, with about one quarter of all couples, on average, using family planning. In the developing countries of Asia, nearly two thirds of couples on average are using family planning. However, the high level of use in China influences that figure. In Latin America and the Caribbean and in the more developed regions, 7 out of 10 couples, on average, are using family planning.

42. Most developing countries with available trend data for the past 10 years show a substantial increase in contraceptive use. Prevalence increased by at least 1 percentage point per annum in 68 per cent of countries and by at least 2 percentage points per annum in 15 per cent of countries. Trend data also show that condom use has increased in the great majority of the developing countries of Africa, Asia and Latin America and the Caribbean, probably as a result of campaigns promoting condom use to protect against HIV infection. In the developed world, condom use has increased in Northern America, New Zealand and some European countries, but has decreased in other European countries (United Nations, 2003a).

Table 8
Proportion of couples[a] using contraception, by major area, various years[b]

Major area	*Year*	*Percentage currently using*	
		Any method	*Modern methods[c]*
World	1998	60.9	54.0
More developed regions	1996	68.5	55.3
Less developed regions	1998	59.4	53.7
Africa	1999	26.8	19.8
Asia	1998	63.5	58.4
Europe	1995	67.0	48.9
Latin America and the Caribbean	1997	70.5	61.7
Northern America	1995	76.2	70.8
Oceania	1990	61.7	57.2

Source: United Nations world contraceptive use 2003 database.

[a] Those who are in a marital or consensual union with the woman aged 15-49.

[b] Based on latest data available as of September 2003.

[c] Being more effective at preventing pregnancy and including female and male sterilization, the pill, the intrauterine device (IUD), the male condom, injectables and implants, and vaginal barrier methods.

43. Government policies on the provision of access to contraceptive methods have been an important determinant of family planning use. Direct support entails the provision of family planning services through government-run facilities, such as hospitals, clinics, health posts and health centres, and through government fieldworkers. Government support for methods of contraception had been steadily increasing during the last quarter of the twentieth century. By 2001, the Governments of 92 per cent of all countries supported family planning programmes and contraceptives, either directly through government facilities (75 per cent) or indirectly through support of the activities of non-governmental organizations (17 per cent), such as those operated by family planning associations (United Nations, 2002a).

44. Most users of contraception rely on modern methods, which account for 90 per cent of contraceptive use worldwide. In particular, three female-oriented methods are most commonly used: female sterilization, intrauterine devices and oral pills. With respect to the use of specific methods, marked differences exist between the more developed and less developed regions: the use of traditional methods in the more developed regions is twice as high as in the less developed regions. Contraceptive users rely more on short-acting and reversible methods in the more developed regions, whereas couples in the less developed regions tend to use longer-acting and highly effective clinical methods. Reliance on male-oriented methods is much greater in more developed regions than in less developed regions.

45. Despite the recent rapid growth in the use of contraception, a variety of indicators suggest that problems of a limited choice of methods are still widespread in the developing countries. In as many as one third of the countries, a single method, usually sterilization or the pill, accounts for at least half of all contraceptive

use (United Nations, 2003a). A study relating prevalence of specific methods to their availability in 47 countries concluded that the prevalence of specific methods of contraception is closely related to the availability of those methods (Ross and others, 2002).

46. The demand for family planning is believed to outstrip the supply. It has been estimated that, as of 2000, some 123 million women did not have ready access to safe and effective means of contraception (Ross and Winfrey, 2002). The proportion of currently married women who need family planning but who are not using any method of contraception is, on average, 24 per cent in sub-Saharan Africa and about 18 per cent in Northern Africa, Asia, and Latin America and the Caribbean. In sub-Saharan Africa, substantial fractions of women are simply not aware of any modern form of contraception (United Nations, 2003b).

47. With respect to adolescents, the objectives of the Programme of Action are to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted infections, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suited for that age group; and to substantially reduce all adolescent pregnancies (para. 7.44).

48. A United Nations review of national population policies shows that adolescent fertility is a growing concern for Governments, particularly in the less developed regions (United Nations, 2002a). In 1996, the Governments of 53 per cent of countries in the less developed regions and of 48 per cent of Governments of the least developed countries had considered adolescent fertility a major concern. By 2001, those percentages had increased to 55 per cent and 62 per cent, respectively. Moreover, 72 per cent of countries in the less developed regions and 69 per cent of the least developed countries said they had policies and programmes addressing adolescent fertility (ibid.).

49. In many countries, in both the more developed and the less developed regions, many young men and women become sexually active prior to marriage. Data for the late 1990s show that, among young women who were sexually active by age 20, 51 per cent in Africa and 45 per cent in Latin America and the Caribbean had initiated sexual activity prior to marriage. By contrast, the corresponding proportion for males was 90 per cent in Africa and 95 per cent in Latin America and the Caribbean. In many developed countries, the onset of sexual activity takes place predominantly prior to marriage for both men and women.

50. Sexually active unmarried adolescent women are more likely to be using contraception than their married counterparts. In the late 1990s, contraceptive prevalence among sexually active unmarried adolescents was over 30 per cent in Benin, Cameroon, Cape Verde, Kenya, Nigeria, South Africa and Zambia in sub-Saharan Africa and over 60 per cent in Bolivia, Brazil, Colombia, Costa Rica, the Dominican Republic and Peru in Latin America and the Caribbean, a figure much higher than that for their married counterparts. In particular, condom use in these countries is considerably higher among unmarried adolescents than among those who are married (United Nations, 2003a).

51. Current levels of adolescent fertility vary widely among countries. African countries have the highest levels of adolescent fertility and also the largest variation in adolescent fertility rates, ranging from less than 50 to more than 200 births per 1,000 women aged 15-19. In many countries of Asia, increases in age at marriage and a low incidence of premarital childbearing have resulted in low levels of childbearing among adolescents. Adolescent fertility rates in Latin America and the Caribbean continue to be relatively high, even though in most countries total fertility had reached low levels by the end of the 1990s. In the majority of developed countries, adolescent fertility rates are below 20 births per 1,000 women aged 15-19; and in Japan and a few European countries, they are as low as 5 births or less per 1,000 women. In addition, the Baltic States and many countries in Eastern Europe experienced rapid declines in adolescent childbearing during the 1990s (United Nations, 2003b).

IV. Health and mortality

52. The Programme of Action urged that countries aim to achieve a life expectancy at birth greater than 70 years by 2005 and greater than 75 years by 2015 (para. 8.5). Countries with the highest levels of mortality should aim to achieve a life expectancy at birth greater than 65 years by 2005 and greater than 70 years by 2015.

53. Between 1990-1995 and 1995-2000, life expectancy increased in all regions of the world except Eastern and Southern Africa and Eastern Europe (table 9). According to the United Nations, 101 of the 192 countries or areas of the world with a population of at least 100,000 persons in 2000 are likely to have life expectancies above 70 years by 2000-2005, thus meeting the goal set by the Programme of Action for 2005. Another 28 countries with relatively high mortality are anticipated to meet the goal of having a life expectancy above 65 years by that date. With respect to the goals set for 2015, it is expected that 67 countries will have achieved a life expectancy higher than 75 years by 2010-2015 and that 54 countries with high mortality today will reach a life expectancy ranging from 70 to 75 years in 2010-2015. The vast majority of countries that are not likely to meet the goals set by the Programme of Action are in Africa, where only 5 of the 54 countries in the continent are projected to achieve a life expectancy above 70 years by 2000-2005 and another 4 are projected to have a life expectancy between 65 and 70 years in that period. In Asia, 14 of the 50 countries in the continent are not expected to meet the goal set for increase of life expectancy.

54. The principal objectives of the Programme of Action in the area of primary health care and the health-care sector are to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people, in accordance with national commitments to provide access to basic health care for all; and to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in the life expectancy between and within countries (para. 8.3).

Table 9
Life expectancy at birth by major area, 1990-1995, 2000-2005 and 2010-2015

	Life expectancy at birth (years)		
Major area	*1990-1995*	*2000-2005*	*2010-2015*
World	63.8	65.4	67.2
More developed regions	74.0	75.8	77.3
Less developed regions	61.5	63.4	65.3
Least developed countries	48.6	49.6	52.9
Africa	51.1	48.9	51.0
Asia	64.0	67.2	69.4
Europe	72.6	74.2	75.7
Latin America and the Caribbean	68.0	70.4	72.6
Northern America	75.2	77.4	78.5
Oceania	71.9	74.1	75.9

Source: *World Population Prospects: The 2002 Revision*, vol.1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

55. For many low-income countries, the costs of providing a minimal package of cost-effective public-health and clinical services to the entire population exceeds current levels of government spending on health. Around 2000, only 3 per cent of gross domestic product (GDP), on average, was devoted to the health sector in developing countries and the equivalent figure was lower in the least developed countries. Expenditures still tend to favour hospitals and medical facilities in the capital city and there has been little progress towards a more equitable distribution of resources at the local and regional levels. While the percentage of national health expenditures devoted to local health services has been increasing in industrialized countries, it has been stagnant in developing countries, and has decreased in the least developed countries.

56. There are new challenges that threaten to offset hard-won gains in health status. To the long-standing challenges posed by infectious diseases must be added those associated with re-emerging diseases, such as malaria, tuberculosis and cholera, and the threat of HIV and new pathogenic strains resistant to currently available antibiotics.

57. These varied constraints and challenges call for a reassessment of the priorities and approaches of the health-care sector. A primary objective in the reorientation of priorities should be to reduce the current and growing disparities in health and mortality between and within countries. To that end, efforts must be made and relevant studies undertaken to understand the bases for the stagnation of or increases in mortality where they are occurring. Although the importance of non-communicable and degenerative diseases is increasing in many countries, preventable causes of death still contribute significantly to the death toll in countries where mortality is highest. Therefore, it is essential that prevention remain an important focus of the health-care sector.

58. The principal objectives of the Programme of Action regarding child survival and health are to improve the health and nutritional status of infants and children; to promote breastfeeding as a child-survival strategy; and to reduce disparities in child survival between and within developed and developing countries, with particular attention to eliminating the pattern of excess and preventable mortality among female infants and children (para. 8.15). In addition, countries were urged to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever was less, by the year 2000 (para. 8.16). By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-five mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 deaths per 1,000 live births and an under-five mortality rate below 45 deaths per 1,000 live births.

59. Infant mortality and child mortality have been declining in almost all parts of the world (table 10). In the world as a whole, it is estimated that the under-five mortality rate declined by 16 per cent between 1985-1990 and 2000; 78 countries — 26 of them in the more developed regions — achieved the targeted one-third reduction between 1985-1990 and 2000. However, childhood mortality risks remain high in many countries. As many as 64 countries — 45 in Africa, 15 in Asia, 3 in Latin America and the Caribbean and 1 in Oceania — have not met the goal of 70 deaths under age five per 1,000 live births set for the year 2000. At the current pace of decline in under-five mortality, 64 countries will not have met the goal of having an under-five mortality rate below 60 deaths per 1,000 live births by 2005, and 65 countries will not have met the goal of reaching an under-five mortality below 45 deaths per 1,000 live births by 2015.

60. Several factors account for the slow pace of improvement in child survival. Although the proportion of malnourished children appears to have improved globally since around 1990, approximately 27 per cent of children under age five are still underweight for their age. Malnutrition remains a particular challenge in Southern Asia and Africa (United Nations Children's Fund (UNICEF), 2001). In addition, AIDS has already eroded hard-won gains in sub-Saharan Africa, and is also threatening Southern and South-eastern Asia. Persistent economic crises and deepening poverty in many countries also compromise efforts to sustain interventions for the promotion of child health and survival.

61. With respect to women's health and safe motherhood, the objectives of the Programme of Action are to promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality, and to reduce the differences observed between developing and developed countries and within countries; to reduce greatly the number of deaths and morbidity from unsafe abortion,[1] and to improve the health and nutritional status of women, especially pregnant and nursing women (para. 8.20). In addition, countries were urged to effect significant reductions in maternal mortality by 2015: a reduction to one half of the 1990 levels by the year 2000 and a further one-half reduction by 2015.

Table 10
Infant and child mortality rates by major area, 1990-1995, 2000-2005 and 2010-2015

	Infant mortality rate (per 1,000 live births)			*Child morality rate (per 1,000 live births)*		
Major area	*1990-1995*	*2000-2005*	*2010-2015*	*1990-1995*	*2000-2005*	*2010-2015*
World	64.2	55.6	45.8	93.6	80.9	66.2
More developed regions	10.1	7.5	6.6	12.9	9.5	8.7
Less developed regions	70.8	60.9	49.9	103.3	88.7	72.3
Least developed countries	111.4	97.2	82.0	182.8	160.5	132.8
Africa	99.0	88.5	74.6	163.6	148.4	123.5
Asia	64.8	53.2	41.9	89.4	70.6	54.5
Europe	12.4	8.9	7.7	15.8	11.3	10.2
Latin America and the Caribbean	40.4	31.9	25.0	51.4	40.6	32.2
Northern America	7.8	6.6	5.9	9.7	8.2	7.7
Oceania	30.9	25.9	20.6	42.5	34.6	26.7

Source: *World Population Prospects: The 2002 Revision*, vol.1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

62. Currently, complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. Recent estimates of maternal mortality indicate that about 529,000 women die each year of pregnancy-related causes, 99 per cent of them in developing countries (WHO, UNICEF and UNFPA, 2003). The gap in maternal mortality ratios between more developed and less developed regions is wide: in 2001, the estimates ranged from an average of 440 maternal deaths per 100,000 live births in the less developed regions to about 21 maternal deaths per 100,000 live births in the more developed regions. About 80 per cent of such deaths are due to obstetric complications.

63. The immediate cause of pregnancy-related complications, ill health and death is inadequate care of the mother during pregnancy and delivery. The proportion of deliveries attended by a skilled person improved between 1985 and 2000. In sub-Saharan Africa in 1985, just one third of deliveries had been attended by a trained attendant; by 2000 that proportion had increased to 41 per cent. Also around 2000, the proportion of deliveries attended by a skilled person was just 35 per cent in Southern Asia, but 80 per cent in Eastern Asia and in Latin America and the Caribbean. In the developing world as a whole, approximately 65 per cent of all pregnant women receive at least some care during pregnancy; 40 per cent of deliveries take place in health facilities; and skilled personnel assist slightly more than half of all deliveries.

64. At the twenty-first special session of the General Assembly held in 1999, it was agreed that by 2005, where the maternal mortality rate was very high, at least 40 per cent of all births should be assisted by skilled attendants; and that by 2010, this figure should be at least 50 per cent and by 2015, at least 60 per cent. It was

also agreed that all countries should continue their efforts so that, globally, by 2005, 80 per cent of all births should be assisted by skilled attendants; by 2010, 85 per cent; and by 2015, 90 per cent (Assembly resolution S-21/2, annex, para. 64). At the current pace of improvement, few developing countries outside of Latin America and the Caribbean will achieve these goals.

65. The principal objectives of the Programme of Action in the area of HIV/AIDS are to prevent or reduce the spread of HIV infection and minimize its impact; to increase awareness of the disastrous consequences of HIV infection, AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing such infection; to address the social, economic, gender and racial inequities that increase vulnerability to the disease; to ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support to people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS; to intensify research on methods to control the HIV/AIDS pandemic; and to find an effective treatment for the disease (para. 8.29).

66. At the end of 2003, about 40 million people were infected with HIV, the virus that causes AIDS. There were an estimated 5 million new infections during 2003, occurring at an average rate of about 14,000 new infections per day. Of the new infections, about 40 per cent were in women and nearly 20 per cent in children. In 2002, some 3.1 million people died of AIDS, of whom 1.3 million were adult men, 1.2 million were adult women, and 610,000 were children under age 15.

67. Behavioural change is central to prevention programmes. Prevention programmes, including media campaigns, peer education, campaigns to increase knowledge about AIDS and how to avoid it, providing access to condoms and clean injection equipment, and helping people to acquire the skills that they need to protect themselves and their partners, have been shown to work in many settings.

68. The Declaration of Commitment on HIV/AIDS adopted by Governments at the twenty-sixth special session of the General Assembly on HIV/AIDS on 27 June 2001 (Assembly resolution S-26/2, annex) marked a promising new beginning in the fight against HIV/AIDS. It established, for the first time, time-bound targets to which Governments and the United Nations might be held accountable. Already there is substantial evidence of progress: countries are recognizing the value of pooling resources, experiences and commitments by forging regional initiatives to combat the epidemic (Joint United Nations Programme on HIV/AIDS (UNAIDS)/United Nations Children's Fund/United States Agency for International Development, 2002). Moreover, additional resources are being brought to bear by the newly created Global Fund to Fight AIDS, Tuberculosis and Malaria. However, the global response to HIV/AIDS remains far short of what is required, and progress is piecemeal. More action is needed in the areas of prevention, treatment and care programmes (Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization (WHO), 2003).

V. International migration

69. Since the adoption of the Programme of Action, there has been growing recognition that the issue of international migration and development is of key relevance to the global agenda. A number of international forums have addressed different aspects of this issue and determined how the international community can best approach them. Thus, the former Administrative Committee on Coordination Task Force on Basic Social Services for All organized a Technical Symposium on International Migration and Development that took place in the Hague in 1998 as part of the follow-up activities to the International Conference on Population and Development. Both the Fourth World Conference on Women held in Beijing in 1995 and the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century" held in June 2000 had shed light on the particular needs of migrant women and children, especially those who are victims of trafficking. More recently, the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Durban, South Africa, in 2001, reaffirmed the urgent need to prevent, combat and eliminate all forms of discriminatory practice against migrants, in accordance with the key objectives of the Programme of Action. Since 1995, the possibility of convening a United Nations conference on international migration and development has been debated at the General Assembly every two years. The proposal, however, has not gained the support of the majority of member States (see A/58/98, sect. III.A, for a presentation of the views of Governments thereon).

70. The subject of international migration and development has also gained prominence in organizations outside the United Nations system. The International Organization for Migration (IOM) has organized many conferences and workshops and has carried out research on international migration dynamics in developing countries. The Organisation for Economic Cooperation and Development (OECD) maintains the Continuous Reporting System on Migration (SOPEMI) with a view to informing Governments on international migration trends and thus assisting in the better management of international migration. The growing recognition that there is a need to facilitate cooperation among States in planning and managing the humane and orderly movement of people prompted the Government of Switzerland to launch in 2001 a global consultative process, known as the Berne Initiative. It has involved the Governments of over 80 countries that are the origin, destination or place of transit of international migrants, as well as intergovernmental and non-governmental organizations, and academics.

71. The Programme of Action accorded particular importance to the basic rights of migrants. The United Nations has developed a number of legal instruments to safeguard the human rights and dignity of migrants irrespective of their legal status. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families adopted by the General Assembly in its resolution 45/158 of 18 December 1990 came into force on 1 July 2003. As of December 2003, 24 States had ratified the Convention. As there is a growing consensus that trafficking in persons is a crime that entails human rights violations, two protocols were adopted in 2000 to supplement the United Nations Convention Against Transnational Organized Crime (General Assembly resolution 55/25, annex I): the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against

Transnational Organized Crime (ibid., annex II), and the Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime (ibid., annex III). As of December 2003, 45 countries had ratified the former and 40 the latter. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, entered into force on 25 December 2003, while the Protocol against the Smuggling of Migrants by Land, Sea and Air will enter into force on 28 January 2004.

72. Two key instruments of the International Labour Organization (ILO) for the protection of migrant workers, namely, the Convention concerning Migration for Employment (Revised 1949) (No. 97), and the Convention concerning Migrations in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers, 1975 (No. 143), have been in force for a long time. However, there has been no new accession to these Conventions since 1994. Thus, the number of countries that ratified them remain at 42 for the former and 18 for the latter.

73. The Programme of Action encouraged more cooperation and dialogue between countries of origin and countries of destination in order to maximize the benefits of international migration (para. 10.2). Recognizing that common understandings among Governments are often easier to achieve at the regional level, a number of regional and subregional consultative processes have emerged, often out of international conferences or seminars. Each process brings together representatives of States in a particular region in addition to international organizations and, in some cases, non-governmental organizations as well. International organizations, such as UNHCR, IOM, and the International Centre for Migration Policy Development have provided valuable substantive and logistic support to generate and maintain the momentum in such consultative processes. Table 11 indicates that consultative processes exist in virtually all world regions.

74. The Budapest Process, which started in 1993, aims at reinforcing cooperation regarding the control of migration among countries of Central, Eastern and Western Europe. It functions as a consultative forum for more than 40 Governments. More than 80 working sessions on various migration-related issues have been organized since 1994. In the Commonwealth of Independent States (CIS) and neighbouring countries, the Regional Conference to Address the Problems of Refugees, Displaced Persons, Other Forms of Involuntary Displacement and Returnees, in the countries of the Commonwealth of Independent States and relevant neighbouring States organized in 1996 by UNHCR, IOM, and the Organization for Security and Cooperation in Europe (OSCE), led to a comprehensive technical cooperation programme aimed at establishing, improving and harmonizing national migration legislation, policies and administrative structures in CIS.

Table 11
Number of Governments participating in regional consultative processes on international migration

Region/ subregion	*APC*[a]	*Budapest Group*	*CIS Conference Process*[b]	*IGC*[c]	*Lima Declaration Process*[d]	*Manila Process*	*MIDSA*[e]	*MIDWA*[f]	*Puebla Process*[g]
Africa							13	15	
Asia	21[h]	3	8			14[h]			
Europe		37	4	13					
The Americas		2		2	10				11
Oceania	10	1		1		3			
Total	**31**[h]	**43**	**12**	**16**	**10**	**17**[h]	**13**	**15**	**11**

[a] Intergovernmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants.
[b] Commonwealth of Independent States and relevant neighbouring States Conference Process.
[c] Intergovernmental Consultations on Asylum, Refugee and Migration Policies in Europe, North America and Australia.
[d] South American Conference on Migration.
[e] Migration Dialogue for Southern Africa.
[f] Migration Dialogue for Western Africa (Follow-up to the Dakar Declaration).
[g] Regional Conference on Migration (RCM).
[h] Including the Government of Hong Kong Special Administrative Region (SAR) of China.

75. In Central and North America, Governments have been holding regular regional consultations in what has become known as the Puebla Process. In Asia, the Manila Process, which developed from a regional seminar held in 1996, focuses on the exchange of information, primarily on irregular migration and trafficking. The Intergovernmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants (APC), also established in 1996, consist of a series of meetings involving countries of Asia and Oceania. In 1999, representatives of South American countries met in Lima and began a tradition of annual meetings to share views on migration issues and to seek cooperation in the region. In Africa, two processes have been set in motion since 2000, one involving countries of Eastern, Middle and Southern Africa (MIDSA) and the other involving those of Western Africa (MIDWA). Both processes seek regional approaches to broadening migration management and to assessing future needs for technical cooperation.

76. The European Union (EU) has developed new regional approaches to migration management. In 1999, at a special meeting of the European Council in Tempere, Finland, the Council called for a common policy on immigration and asylum and set forth a framework within which to achieve it. Pursuing partnerships with third countries has been a key element set out in Tempere.

77. In a global initiative, a group of countries from both the more developed regions and the less developed regions, and representing both sending and receiving countries, have formed an independent Global Commission on International Migration. The mandate of the Global Commission is threefold: (a) to place international migration in the global agenda; (b) to analyse gaps in current approaches to migration and examine interlinkages with other issues areas; and (c) to present recommendations on how to strengthen national, regional and global

governance of international migration. The Commission is scheduled to make its final report available to the United Nations Secretary-General, and to other stakeholders, in the summer of 2005.

78. The past decade has witnessed noticeable changes in Governments' views and policies regarding international migration, as a result of growing concerns with the demographic, economic, political and social consequences of immigration. In 2001, 44 per cent of all developed countries had policies aimed at lowering immigration levels, as had 39 per cent of developing countries.

79. The prevention and control of undocumented migration, especially when it involves trafficking in migrants, have become one of the major priorities for many countries. Measures adopted to reduce unauthorized migration include information campaigns to raise awareness about the dangers involved, sanctions against those who organize the trafficking of migrants, and the protection of those who are the victims of trafficking.

80. There has been slow progress in ensuring that documented migrants enjoy equality of treatment with citizens. In many countries, migrant workers are still constrained to remain in particular jobs or occupations. Documented migrants still face xenophobia and discrimination at work and in other areas of everyday life.

81. The Programme of Action recognized the positive impacts of international migration on both the countries of origin and the countries of destination. Governments of countries of destination were invited to consider the use of certain forms of temporary migration as a means of improving the skills of the nationals of countries of origin (para. 10.5). Although effective measures to facilitate such mechanisms are still underdeveloped in most countries, there is, for example, the French "co-development" model which promotes the circulation of migrants between countries of origin and countries of destination and provides technical and financial assistance for migrants who decide to return to their countries of origin. The programme "Transfer of Knowledge through Expatriate Nationals" (TOKTEN), an initiative led by the United Nations Volunteers (UNV), helps qualified professionals from developing countries return to their home countries and offers technical short-term assistance.

82. Migrant remittances continue to be a major source of foreign exchange and an important addition to the gross domestic product (GDP) of many countries. The Programme of Action urged Governments of countries of origin wishing to foster the inflow of remittances, to promote the conditions to increase domestic savings and channel them into productive investment (para. 10.4). Policies to ensure stable exchange rates and to promote the safe and timely transfer of remittances have been slow to develop; but the Mexican "Godfather Programme" demonstrates that it is possible to increase the impact of remittances on development, if the Government works closely with emigrants to facilitate their productive investment in the communities of origin (Widgren and Martin, 2002).

83. The Programme of Action reflected key concerns of the international community regarding the plight of people who are forced to leave their communities of residence. The increase in the number of refugees and asylum-seekers during the early 1990s posed a challenge for many countries that had to provide adequate protection for asylum-seekers and refugees, while managing international migration in line with national priorities. Governments were urged to strengthen their support

for international protection of and assistance to refugees, as well as displaced persons (para. 10.24).

84. In developing countries, the financial burden posed by growing numbers of asylum-seekers and refugees has strained the practice of granting asylum on a group basis and changed the spirit of hospitality that had prevailed until the 1980s. In developed countries, the asylum system has been under strain as a growing number of persons have been seeking protection, often without meeting the conditions for qualifying as refugees. As a result, many developed countries have adopted more stringent rules with respect to both gaining access to the asylum system and being granted asylum. Thus, in 2001, only one third of all asylum decisions taken in developed countries were positive (United Nations High Commissioner for Refugees, 2002).

85. Although Governments have become more reluctant to grant refugee status, new mechanisms have evolved to ensure the provision of assistance for people who are genuinely in need of protection. Granting temporary protection, and thus the right to remain in the host country until conditions in the country of origin allow the safe return of the persons involved, has been one such strategy. Measures to address the needs of internally displaced persons have also been implemented in response to specific crises.

86. One of the key objectives of the Programme of Action is to find and implement durable solutions to the plight of refugees and displaced persons. Repatriation has generally been considered the most desirable durable solution to the plight of refugees. The number of refugees in the world under UNHCR responsibility had reached a peak in 1992 at 17.8 million and has been declining since then, having reached 12 million by 2001 (United Nations High Commissioner for Refugees, 2002). That decline resulted from major repatriation flows made possible by the resolution of long-standing conflicts, for example, in Afghanistan, Angola, Bosnia and Herzegovina, Liberia, Mozambique and Rwanda. International humanitarian organizations, such as UNHCR, have been expanding their functions to assist in the reintegration of returnees and in rebuilding the communities of origin. In addition, there has been greater emphasis on promoting the self-reliance of refugee populations in the countries of asylum.

87. The Programme of Action also urged Governments to abide by international law concerning refugees, and States that had not already done so were invited to consider acceding to the international instruments concerning refugees (para. 10.27). Two international instruments, the 1951 Convention relating to the Status of Refugees (United Nations, 1954) and the 1967 Protocol thereto (United Nations, 1967), had set forth the most widely recognized definition of "refugee" and the various rights and standards from which refugees might benefit. Between 1994 and 2003, 22 more countries became parties to the Convention, bringing the total to 142, and 20 more countries became parties to the Protocol thereto, bringing the total to 140.

VI. Population programmes

88. The present section considers progress in national programme implementation. The section is based on various reports,[2] as well as on the findings of a field survey by the United Nations Population Fund (United Nations Population Fund (UNFPA), 2004). The field survey, was conducted in 2003 among 165 developing countries,

and covered major topics contained in the Programme of Action. The response rate was 92 per cent.

89. The overall progress in implementing the Programme of Action and the key actions for its further implementation adopted five years later at the twenty-first special session of the General Assembly (Assembly resolution S-21/2, annex) has been substantial. The progress is evident in terms of both specific programmatic developments, and the number of countries implementing programmes on reproductive health, prevention of sexually transmitted diseases/HIV, adolescent reproductive health, gender equity and women's empowerment, as well as integration of population and development linkages. By comparison, there has been a less marked increase in the number of countries addressing issues related to ageing, and internal and international migration. Progress on other aspects is more varied: substantial improvements on partnerships; insufficient progress on resource allocations; and persistence of institutional constraints, including weak capacities.

90. Progress has been made in promoting and implementing a more comprehensive approach to ensuring reproductive rights and reproductive health. Close to 87 per cent of the countries in the field survey reported that they had undertaken actions. Since the International Conference on Population and Development, Governments have intensified their efforts to integrate family planning services, safe motherhood, adolescent reproductive health and sexually transmitted infections/HIV prevention into reproductive health programmes. Many countries have integrated reproductive health into their primary health-care package and are improving institutional capacity and coordination. Others are seeking ways to further develop infrastructure to increase access to information and services. Many countries are now working with the private sector to finance reproductive health services and supplies and are partnering with non-governmental organizations to assist in service provision and awareness-raising.

91. The availability of contraceptive supplies and services has been greatly enhanced in many countries, and there are greater opportunities for individual choice and decision-making. Still, social and cultural factors continue to constrain women from accessing services, and those living in rural areas and having low income are least likely to be using contraception. Consequently, there remains a huge unmet need for family planning information and services, both for spacing and for limiting births. Issues of affordability, accessibility and availability of services are not yet fully addressed in many countries. Also, countries are striving hard to reduce maternal deaths by upgrading health-care facilities to provide essential and obstetric care more widely, strengthening prenatal care, training health service providers, providing transportation for women and mobilizing communities to fully use those services. Still, 40 per cent of births in the developing countries are taking place without attendance by skilled health personnel, putting mothers' and infants' lives at risk.

92. The recent review in the General Assembly (22 September 2003) of progress towards meeting basic AIDS prevention and care goals (*see the report of the Secretary-General on the progress towards implementation of the Declaration of commitment on HIV/AIDS (A/58/184) submitted to the Assembly at its fifty-eighth session)* concluded that the current response to HIV/AIDS, while representing progress on some fronts, is inadequate in many key areas. Over 90 per cent of the countries have established comprehensive national HIV/AIDS strategies and

national bodies coordinating the response, and have increased public awareness of HIV/AIDS through mass media campaigns, school-based education on AIDS, and programmes of peer education. There is also some improvement in funding for AIDS in low- and middle-income countries. However, only a fraction of the people currently at risk have meaningful access to basic prevention services such as life skills-based education, sexually transmitted infections management and prevention of mother-to-child transmission programmes, as well as to programmes encouraging people to abstain, be faithful and use condoms. Also, issues of feminization of the pandemic, support to children orphaned by HIV/AIDS, provision of comprehensive information to young people on HIV prevention, and combating social stigma and discrimination against those with HIV/AIDS have not yet been fully addressed. When it comes to treatment, the availability of antiretroviral therapy is extremely low in poorer countries. Almost 47 per cent of the countries in the field survey have identified HIV/AIDS as their top emerging issue, emphasizing prevention aspects.

93. Reproductive rights and reproductive health needs of adolescents are being addressed in some fashion in over 90 per cent of the countries. Many Governments are addressing reproductive health and development in a comprehensive manner by formulating multisectoral polices for youth, strengthening formal and informal education programmes, advocating for reproductive rights and reproductive health information, and for youth-friendly counselling and services, and increasing the attention directed towards youth employment. Partnership with civil society, with involvement of youth, has become an important mechanism for reaching adolescents and youth in many countries. However, these actions need to become more pervasive in many more countries.

94. Close to 90 per cent of Governments have reported that they are using a variety of information, education and communication and advocacy strategies to help achieve desired changes at legislative, policy or programmatic levels. Strategies used include lobbying for legislative changes and enactment of new laws, formulating national and regional approaches, implementing national policies, creating local advocacy bodies, introducing educational modules and service delivery modalities and supervising law enforcement initiatives. Furthermore, countries are using a variety of behavioural change strategies including media campaigns, peer education, formal education, reorientation of community health workers, and mobilization of community groups.

95. Overall, progress made in the implementation of the broad reproductive health approach is encouraging. However, many aspects of reproductive health programmes require rapid improvement. For example, access to quality reproductive health services, including family planning methods, obstetric emergency services, and prevention and management of sexually transmitted infections, are still limited. There exists considerable unmet need, in both normal and emergency situations, for reproductive health, including family planning services. Links between service delivery and information, education and communication and advocacy campaigns are often weak. Mechanisms for intersectoral coordination have increased, but are still weak. Management capacities are inadequate at subnational and other local levels. The levels of financial and trained human resources currently available are woefully inadequate.

96. A growing number of Governments are making efforts to protect the human rights of girls and women and to support women's empowerment. Almost all the

countries in the field survey (99 per cent) have reported taking some action on this issue since the International Conference on Population and Development: 67 per cent have adopted laws and legislation on rights, 52 per cent have established national commissions on gender, 44 per cent have ratified United Nations conventions, 39 per cent have adopted policies on gender discrimination, and 31 per cent have included gender mainstreaming in policies and programmes. It is thus clear that more countries need to take specific actions. The major actions taken comprise efforts to increase women's participation in governance, initiation of plans to support women's empowerment, adoption of legislation and laws supporting empowerment, and empowerment of women through economic opportunities and through education and training. Many countries have established focal points within government ministries, and have developed mainstreaming tools and guidelines for use at local and regional levels. Many others are increasingly addressing women's rights, employment discrimination, and ownership and land rights issues, as well as violence against women and trafficking in women and girls. A large number of countries are focusing on education of girls. Countries are also increasingly paying attention to roles and responsibilities of men, especially in light of gender-based violence and HIV/AIDS, including legislative and outreach efforts on related issues. While these actions on gender equity and empowerment are encouraging, the extensiveness, intensiveness and outreach of these actions are still modest compared with the magnitude, pervasiveness and cultural underpinnings of the issue.

97. Over 50 per cent of the countries in the field survey have taken strong action and another 44 per cent have taken "some" action to integrate population concerns into development strategies; over 90 per cent have started taking into account population and poverty interactions in some fashion in national poverty reduction strategies; and over 90 per cent reported having taken some action to incorporate population and environmental linkages into national and/or sectoral development plans. Also, the explicit inclusion of population factors, gender concerns and reproductive health issues in United Nations Development Assistance Frameworks (UNDAFs), in Poverty Reduction Strategy Papers (PRSPs), and in reporting on the Millennium Development Goals was progressively increasing (see United Nations Population Fund, 2003; and n.d.). Similarly, regarding population and environment, 40 countries have adopted specific policies, and 22 countries have enacted laws/legislation.

98. Since the International Conference on Population and Development, many developing countries have been addressing the issue of population ageing. For example, plans and programmes on ageing have been established in 58 countries, provision of minimum living standards for the elderly has begun in 50 countries, policies on ageing have been adopted in 33 countries, and data collection on the needs of the elderly has been undertaken in 18 countries. However, the scale and financial sustainability of these initiatives in meeting the needs of rapidly increasing numbers of the elderly are worrisome concerns.

99. The issue of internal migration is attracting greater attention. Close to 66 per cent of the countries in the field survey reported having undertaken actions, which include adoption of migration plans in 49 countries and creating plans to redistribute socio-economic and political activities to other regions in 47 countries. Also, 15 countries had initiated plans to provide assistance or services to internally displaced persons. Moreover, 76 countries reported on actions taken to explicitly address the reproductive health needs of the inhabitants of slums, and squatters.

100. Over 70 per cent of the countries in the field survey also reported on the types of measures taken to address international migration. Specific actions undertaken include legislation to deal with international migration in 38 countries, plans or programmes on migration or refugees in 43 countries, and intergovernmental policies on migration in 34 countries. The issue of international migration remains sensitive in many countries.

101. Lack of national capacity to monitor progress in implementing the Programme of Action, including collection, analysis, dissemination and utilization of the necessary data, as well as development and management of databases and indicators, plagues developing countries in general and the least developed ones in particular. This is seriously hampering not only policy-making and planning across a broad range of sectors in many countries, but also the measurement of progress towards subnational, national and international development goals.

102. Progress on partnership in population and reproductive health is encouraging. Almost 95 per cent of the Governments have reported on strategies adopted, which include forging partnerships between national population commissions and the non-governmental organizations, collaborating in the development, implementation or monitoring of population programmes, and cooperating in the formulation of population policy or the enactment of laws. The specific actions undertaken include establishing parliamentary caucuses, creating national forums for non-governmental organizations, supporting training or capacity-building initiatives, and promoting local and community-level networks. In many situations, the provision of services by non-governmental organizations and others has become crucial. However, long-term financial sustainability of non-governmental organizations remains a major issue. Collaboration with the private sector is as yet limited.

103. Many countries have started learning from each other's experiences, through South-South partnerships. There has also been progress on regional partnerships through the activities of the regional commissions, other regional institutions and networks, regional and global training programmes, and parliamentary initiatives, as well as through the efforts of United Nations funds, programmes and organizations. At the global level, there has been increasing recognition among multilateral agencies of the potential benefits of fostering partnerships. In this context, through the United Nations Development Group and other mechanisms, notable progress has been made on harmonization of policies and procedures.

104. The Programme of Action recommended time-bound targets on resource mobilization — US$ 17 billion by the year 2000 and US$ 18.5 billion by 2005 (para. 13.15). Despite a steady but slow increase in resources for population in the last 10 years, the target of mobilizing US$ 17 billion by the year 2000 was not met. The preliminary estimates of resource flows for population for the year 2003 indicate that both donor assistance and domestic resource support have increased. Yet, attaining the target of US$ 18.5 billion by the year 2005 remains a challenge for the entire international community.

105. Resource gaps are especially large in poor countries, and the least developed countries almost entirely depend on donor assistance. The strategically crucial placement of population and reproductive health issues in new programmatic frameworks has improved the effectiveness and efficiency of available resources. However, unless new, additional and sustained resources are mobilized, it is unlikely that most of the goals and targets of the Programme of Action will be met. Instead,

there will be a worsening of the population and reproductive health situation in many poor countries. The need to reach the internationally agreed target of 0.7 per cent of gross national product (GNP) for official development assistance (ODA) is most urgent now.

106. Progress in implementing the Programme of Action during its first decade has been encouraging and much has been learned in operationalizing the innovative approach of the International Conference on Population and Development, including finding successful approaches, as well as achieving a better understanding of the constraints on its implementation. Clearly, commitment of additional levels of financial resources and adequate human resources is essential to accelerating progress towards the full implementation of the 20-year Programme of Action. Achieving the Millennium Development Goals will depend on the attainment of the goals of the Programme of Action. Programme experience to date confirms that it is possible to meet these goals with the political will and commitment of all countries and all partners.

VII. Conclusions

107. The present report on the review and appraisal of the progress made in achieving the goals and objectives of the International Conference on Population and Development documents the changes in world population that occurred during the decade following the adoption of the Programme of Action of the International Conference on Population and Development. It also considers changes in population policies and programme approaches.

108. The overarching conclusion of this report is that the decade following the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing, mortality is declining in most countries and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS and other mortality crises, and Governments are initiating processes to address concerns related to international migratory movements. However, the 10 years since the convening of the International Conference on Population and Development have also seen shortfalls and gaps in the implementation of the Programme of Action. There have been variations in fulfilling the goals and targets of the Programme of Action both among countries and among population groups within countries.

109. **Some of the main features of the progress made in achieving the goals and objectives of the Programme of Action are described directly below:**

- **The world population reached 6.4 billion persons in 2004. The current average annual growth rate of population is 1.3 per cent, significantly lower than the rate of 1.7 per cent in the period from 1975 to 1990. In the less developed regions, the growth rate is higher than average at 1.6 per cent. In the more developed regions, in contrast, the annual growth rate is significantly lower at 0.3 per cent. As a result, about 95 per cent of the annual population increase between 1994 and 2004 (75 million of the 78 million people) occurred in less developed regions.**

- **The decrease in the population growth rate at the world level has been the result of the almost universal reduction of fertility in the 1990s. The number of countries with fertility levels above 5 children per woman, most of which are in Africa, dropped from 55 in 1990-1995 to 34 in 2000-2005. During the same period, the number of countries with below replacement level fertility increased from 51 to 62. Although most of these countries are in the more developed regions, the number of countries in the less developed regions exhibiting below-replacement fertility has doubled to 20.**

- **Despite a trend of increasing mortality levels observed in some countries, particularly those hard hit by the HIV/AIDS epidemic and those with economies in transition, the average life expectancy at birth in the world increased by about two years, from 63.8 in 1990-1995 to 65.5 in 2000-2005.**

- **Population distribution continues to be a concern for many countries, especially in the less developed regions. In fact, only about one fourth of countries in these regions are satisfied with their patterns of spatial distribution. By 2005, nearly 50 per cent of the world population (3.2 billion people) will be residing in urban areas. Between 2005 and 2015, the urban areas of the less developed regions will absorb virtually all the population growth expected at the world level. This phenomenon could exacerbate the already existing problems related to rapid urbanization.**

- **Population ageing has become more evident throughout the world. Decreasing fertility along with lengthening life expectancy continues to reshape the age structure of the population in all regions of the world by shifting relative weight from younger to older groups. In 1995, there were 542 million persons aged 60 years or over in the world, representing almost 10 per cent of the world population. By 2015, this number is projected to increase to 886 million or 12 per cent of the world population. Indeed, the older population has already surpassed the child population (persons aged 0-14) in the more developed regions.**

- **Although the interaction between population and economic development is by no means simple and direct, especially in the short run, the predominant view, as reflected in the Programme of Action, is that slower rates of population growth can allow more time to attack poverty, protect and repair the environment, and build the base for future sustainable development. Since 1994, the demographic transition, in which mortality and then fertility declines from higher to lower levels, has become a universal process. Despite significant declines in rates of population growth, however, rapid population growth remains a concern for more than half of Governments in the less developed regions. In the more developed regions, in contrast, a growing number of Governments are voicing concern over low rates of population growth and, in some countries, over population decline. In many cases, the concern is mainly with the consequences of population ageing for socio-economic development.**

- **Reproductive health programmes have been established in many countries, with rising contraceptive use among couples indicating greater access to family planning. According to the latest available data**

(pertaining to observations around 1997), the level of contraceptive use by couples in union is estimated at 70 per cent in the more developed regions and at 60 per cent in the less developed regions. However, many births are still unwanted or mistimed, and modern family planning methods remain unavailable to large numbers of couples. Adolescent reproductive behaviour, in particular, has become an emerging worldwide concern.

- The awareness of sexually transmitted infections as a major threat to public health has increased dramatically in the recent past. However, the incidence remains high, with 340 million new cases worldwide in 1999. In many countries, although the threat of sexually transmitted infections, including HIV/AIDS, has increased, access to information and services is still restricted. Restrictions are particularly great for women and adolescents, in spite of their enhanced biological susceptibility to these kinds of diseases.

- A total of 100 out of 192 countries, representing 47 per cent of the world population in 2003, have met the Programme of Action goal of a life expectancy at birth greater than 70 years in 2000-2005. However, 36 countries, mainly in sub-Saharan Africa, remain with life expectancies at birth lower than 50 years. While global life expectancy is increasing, progress is by no means uniform, as many countries have witnessed a stagnation of mortality improvement if not a decline in life expectancy. The causes are related to political conflict, socio-economic transformations, the re-emergence of diseases such as malaria, tuberculosis and cholera, and the impact of the HIV/AIDS epidemic.

- With respect to child survival, most progress has been made in the control of preventable diseases. Nonetheless, lack of basic sanitation, and of safe water and food, continues to contribute greatly to diarrhoeal disease mortality and morbidity. The United Nations Environment Programme (UNEP) estimates that 2.4 billion people lack access to adequate sanitation facilities. Huge differences persist in infant mortality. The current rate in the less developed regions is 61 deaths per 1,000 live births, against 8 deaths per 1,000 in the more developed regions. A total of 130 out of 192 countries, representing 65 per cent of the world population, are expected to achieve the Programme of Action goal of a rate below 50 deaths per 1,000 live births by 2000-2005. However, 62 countries, accounting for 35 per cent of the world population, will not meet this goal.

- The Programme of Action called for an increased national capacity to enhance primary health care and maternal and child health delivery networks by expanding coverage to the poorest and most remote communities and families. Studies show that more and more pregnant women are indeed seeking antenatal care. In the developing world as a whole, approximately 65 per cent of all pregnant women receive at least some care during pregnancy; 40 per cent of deliveries take place in health facilities; and skilled personnel assist slightly more than half of all deliveries.

- The HIV/AIDS epidemic continues to expand throughout the world, erasing decades of social and economic progress and having a devastating impact on populations in terms of increased morbidity and mortality. For

some countries, the demographic impact of AIDS is enormous. The population of the 53 most affected countries is projected to be 129 million people lower in 2015 than it would have been in the absence of AIDS. By the end of 2002, about 42 million people were infected with HIV, and 22 million people around the world had already lost their lives to the disease. Some 3.1 million people died of AIDS in 2002.

- **As of mid-2000, approximately 175 million persons resided in a country other than where they were born, three fifths of whom were found in the more developed regions. The Programme of Action stated that the option to remain in one's country should be a viable one for all people. Political instability and widening disparities in wage and employment opportunities among countries, however, have increased the potential for politically as well as economically motivated international migration across national borders. Between 1990 and 2000, the number of international migrants in the world increased by 21 million persons. Although the vast majority of migrants are making meaningful contributions to their host countries, international migration entails the loss of human resources for many countries of origin and may give rise to political, economic or social tensions in countries of destination.**

- **In the last few years, immigration has become a major issue of concern in an increasing number of countries. The implementation of national policies to affect levels and patterns of international migration has spread to all regions of the world. The number of Governments adopting new measures to influence migration has grown rapidly. In 2001, for example, 40 per cent of countries had a policy in effect to lower immigration. A decreasing trend in the number of refugees has also been noted. The number of refugees in the world fell by 24 per cent from 1997 to 2001 compared with the previous five years. Only 31 per cent of the asylum cases in the developed countries were decided positively in 2001. More recently, in the aftermath of the events of 11 September 2001, some countries have further tightened their policies towards immigrants, refugees and asylum-seekers.**

- **National programmes to implement the Programme of Action during its first decade have shown encouraging results. Much has been learned, including finding successful approaches, and arriving at a better understanding of constraints on national programmatic implementation. Clearly, commitment of additional financial resources and adequate human resources is essential to accelerating progress towards the full implementation of the 20-year Programme of Action.**

110. **The International Conference on Population and Development, convened in Cairo in 1994, achieved a great number of innovations in terms of issues, approaches and activities, particularly in the way it dealt with reproductive and gender issues, its focus on achieving sustainable development, and the role given to education, particularly of girls, in effecting change. The Programme of Action also gave wide and systematic recognition to the role of non-governmental organizations, and provided detailed recommendations regarding resource needs and institutional mechanisms for achieving its goals and objectives.**

111. **The advances at Cairo, as reflected in the Programme of Action, were built on international efforts during the two previous decades to address issues of population and development. In particular, the Programme of Action built on the two earlier conferences on population and development, namely, the United Nations World Population Conference, held in Bucharest in 1974, and the International Conference on Population, 1984, held in Mexico City.**

112. **While much progress has been made in implementation of the Programme of Action during the last 10 years, there have also been shortfalls and gaps. The progress has not been universal and, based on current trends, many countries may fall short of the agreed goals of the Programme of Action. In order that its goals and objectives may be achieved, continued efforts and commitment are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture partnerships among Governments, the international community, non-governmental organizations and civil society. With such efforts and commitment, the next review and appraisal can be expected to reveal broader and deeper progress in achieving the goals and objectives of the Programme of Action.**

Notes

[1] Unsafe abortion is defined as a procedure for termination of an unwanted pregnancy that is performed by persons lacking the necessary skills and/or in an environment lacking the minimal medical standards (based on World Health Organization, "The prevention and management of unsafe abortion: report of a Technical Working Group" (WHO/MSM/92.5), Geneva, April 1992).

[2] Among the many such reports, see, in particular, that of the Secretary-General on monitoring of population programmes focusing on reproductive rights and reproductive health, with special reference to HIV/AIDS, as contained in the Programme of Action of the International Conference on Population and Development (E/CN.9/2002/3), submitted to the Commission on Population and Development at its thirty-fifth session, 1-5 April 2002.

References

Food and Agriculture Organization of the United Nations (FAO) (2003). *The State of Food Insecurity in the World 2003*. Rome: FAO.

International Labour Organization (ILO) (2001). *Social Security: A New Consensus*. Geneva: International Labour Office.

Joint United Nations Programme on HIV/AIDS/United Nations Children's Fund/United States Agency for International Development (2002). *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*. New York: UNICEF, and Washington, D.C.: TvT Associates.

Joint United Nations Programme on HIV/AIDS/World Health Organization (2003). *AIDS Epidemic Update 2003*. Geneva: UNAID and WHO.

Lush, Louisiana (2002). Integrating HIV/STI and family planning services, service integration: an overview of policy developments. *International Family Planning Perspectives* (New York), vol. 28, No. 2 (June).

Ross, John, and others (2002). Contraceptive method choice in developing countries. *International Family Planning Perspectives* (New York), vol. 28, No. 1 (March).

_____, and William Winfrey (2002). Unmet need for contraception in the developing world and the former Soviet Union: an updated estimate. *International Family Planning Perspectives* (New York), vol. 28, No. 3 (September).

United Nations (1954). *Treaty Series*, vol. 189, No. 2545.

_____ (1967). *Treaty Series*, vol. 606, No. 8791.

_____ (1993). *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992*, vol. I, *Resolutions Adopted by the Conference*. Sales No. E.93.I.8 and corrigendum.

_____ (1995). *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994*. Sales No. E.95.XIII.18.

_____ (1996). *Report of the United Nations Conference on Human Settlements, Habitat II, Istanbul, 3-14 June 1996*.

_____ (2002a). *National Population Policies, 2001*. Sales No. E.02.XIII.12.

_____ (2002b). *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002*.

_____ (2003a). *World Population Monitoring 2002: Reproductive Rights and Reproductive Health, Selected Aspects*. Sales No. E.02.XIII.14.

_____ (2003b). Fertility, contraception and population policies. ESA/P/WP.182.

Economic and Social Commission for Asia and the Pacific (ESCAP) (2002). From Bali to Bangkok: an assessment of progress and challenges in implementing the Bali Declaration and ICPD Programme of Action. Paper prepared for the Fifth Asian and Pacific Population Conference, Bangkok, 11-17 December.

United Nations Children's Fund (UNICEF) (2001). *Progress since the World Summit for Children: A Statistical Review*. Sales No. E.01.XX.20. New York: UNICEF.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2002). *EFA Global Monitoring Report: Summary Report. Education for All: Is the World on Track?* Paris: UNESCO.

United Nations High Commissioner for Refugees (2002). *Statistical Yearbook 2001*. Geneva: UNHCR.

United Nations Population Fund (2003). Coverage of population and development themes in Poverty Reduction Strategy Papers (PRSPs). Work in progress. Population and Development Branch, Technical Support Division. 17 April.

_____ (2004). Report of the Field Inquiry among Developing Countries.

_____ (n.d.). Coverage of the ICPD RH goal and population and poverty linkages in MDGRs. Work in progress. Population and Development Branch, Technical Support Division.

World Health Organization, United Nations Children's Fund and United Nations Population Fund (2003). Maternal mortality in 2000: estimates developed by WHO, UNICEF and UNFPA (http://www.who.int/reproductive_health/publications/maternal_mortality_2000/maternal_mortality_2000.pdf). Accessed on 19 January 2004.

Widgren, Jonas, and Philip Martin (2002). Managing migration: the role of economic instruments. Expert working paper prepared for the Centre for Development Research study Migration-Development Links: Evidence and Policy Options.

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Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development: a 10-year review

Report of the Secretary-General

Summary

The present report responds to a request made at the twenty-eighth session of the Commission on Population and Development for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development held in Cairo from 5 to 13 September 1994. It also complies with General Assembly resolutions 49/128 and 50/124 in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

The report examines progress since the Conference in the mobilization of resources to implement the Programme of Action. It analyses trends in bilateral, multilateral and foundation/non-governmental assistance for population activities in developing countries from 1994 to 2002, and domestic expenditures reported by developing countries from 1997 to 2001. Estimates are provided for donor and domestic expenditures in 2003.

Despite a steady but slow increase in resources for population over the last 10 years, the Conference target of mobilizing $17 billion by the year 2000 was not met. To reach the $18.5 billion target for 2005, the international community would have to allocate a larger share of official development assistance to population activities and increase levels of aid overall and developing countries would have to mobilize additional domestic resources. It should be pointed out that provisional figures for 2002 and estimates for 2003 are encouraging. Donor assistance increased to $3 billion in 2002 and is expected to increase slightly in 2003. A rough estimate of

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resources mobilized by developing countries, as a group, adjusted for decentralized government expenditures in one large country, yielded a figure of $11.7 billion for 2003. The challenge before the international community is to reach the target for 2005.

The messages 10 years after the Conference are clear: current levels of resource mobilization are inadequate to fully implement the Cairo agenda; resource gaps are especially large in poor countries. The consequences of resource shortfalls include significant increases in unintended pregnancies, abortions, maternal morbidity and mortality, infant and child mortality, as well as AIDS-related morbidity and mortality. In particular, for the least developed countries, donor assistance is critical to achieve the goals of the Conference. Population and reproductive health are central to development and must be included in development programmes and poverty reduction strategies. Without a firm commitment to population, reproductive health and gender issues, and the concomitant allocation of financial resources, it is unlikely that any of the goals and targets of the Conference or the Millennium Summit will be effectively met.

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I. Introduction

1. The present report has been prepared by the United Nations Population Fund (UNFPA) in response to a request at the twenty-eighth session of the Commission on Population and Development[1] for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development.[2] The report is part of the work programme of the Commission on Population and Development and is in accordance with General Assembly resolutions 49/128 and 50/124, which called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

II. Background

A. The International Conference on Population and Development: a new way of thinking on population

2. The tenth anniversary of the International Conference on Population and Development, which was held in Cairo in September 1994, provides an opportunity for the international community to take stock of progress, including lessons learned and constraints encountered, towards the achievement of the goals and objectives of the Programme of Action of the Conference.

3. The largest intergovernmental conference on population and development ever held, the Conference was a turning point in the way people look at population issues. The adoption of the Programme of Action, which outlined a comprehensive population, reproductive health and development agenda to last 20 years, marked the beginning of a new era of commitment and willingness on the part of Governments, the international community, the non-governmental sector and concerned organizations to integrate population issues into all aspects of economic and social activity in order to achieve a better quality of life for all individuals today as well as for future generations.

4. The Programme of Action endorsed a new strategy that emphasized the integral linkages between population and development and focused on meeting the needs of individual women and men. The Conference established a people-centred approach. The key to this new approach was empowering women and providing them with more choices through expanded access to education and reproductive health, including sexual health and family planning, and other health services, skill development and employment, and through their full involvement in policy- and decision-making processes at all levels. The Conference rejected the top-down approach in policy formulation and brought the concept of human rights, including reproductive rights, to the forefront. It recognized the need to empower women, both as a highly important end in itself and as a key element in attaining population stabilization and in improving the quality of life for all.

5. The Conference set a number of mutually reinforcing goals for achieving sustainable human development to be attained by 2015. These were: sustained economic growth in the context of sustainable development; universal access to comprehensive reproductive health services, including sexual health and family

planning; reduction of infant, child and maternal mortality; and universal primary education, especially for girls.

6. The success of the Conference depends greatly upon the willingness of Governments, local communities, non-governmental organizations (NGOs), the international community and all concerned organizations and individuals to turn the recommendations of the Conference into action. A strong consensus emerged in Cairo for both a focused programme on population and reproductive health and an agreed schedule of resource mobilization.

7. Resource mobilization was thus an important part of the Cairo agenda to achieve the goals of the Conference. Without adequate financial resources, the population, reproductive health, gender and other goals will not be met. The consequences of resource shortfalls include significant increases in unintended pregnancies, abortions, maternal morbidity and mortality, infant and child mortality, as well as an increase in AIDS-related morbidity and mortality and the resulting social and economic impact on individual families, communities and countries. Reproductive ill-health undermines development by, inter alia, diminishing the quality of women's lives, weakening and, in extreme cases, raising the mortality rates of poor women of prime ages, and placing heavy burdens on families and communities. Resource shortfalls in the population and reproductive health area also impede progress towards achieving the Millennium Development Goals.

8. A special session of the General Assembly was convened in 1999 to mark the fifth anniversary of the International Conference on Population and Development. The "ICPD+5" review process focused on policy changes and operational experiences at the country level in order to draw out lessons learned, identify constraints encountered and recommend key future actions required. The review demonstrated that the goals of the Conference were still valid and that much progress had been made in advancing them. Many countries had taken steps to integrate population issues into their development strategies and many had embraced and strengthened the recognition of reproductive rights through policy changes.

9. At the same time, the review revealed that action was needed in such areas as reducing maternal mortality, preventing HIV/AIDS and addressing the reproductive health needs of adolescents. At the twenty-first special session, the General Assembly adopted Key Actions for Further Implementation of the Programme of Action of the International Conference on Population and Development[3] that adopted a set of interim benchmarks for achieving the goals of the Conference. It called for increased political will on the part of all Governments and a reaffirmation of the commitment for mobilization of international assistance as agreed in Cairo. The twenty-first special session urged both developed and developing countries and countries with economies in transition to make every effort to mobilize the agreed financial resources required for the implementation of the Programme of Action. It called on donors to reverse the decline in official development assistance (ODA) and to strive to fulfil the agreed target of 0.7 per cent of gross national product (GNP) for overall ODA as soon as possible.

B. Funding the Conference: financial targets agreed upon in Cairo

10. The Programme of Action of the International Conference on Population and Development specified the financial resources, comprising both domestic and donor funds, necessary to implement the population and reproductive health package over the 20 years following the Conference. It estimated that in developing countries[4] and countries with economies in transition, the implementation of programmes in the area of reproductive health, including those related to family planning, maternal health and the prevention of sexually transmitted diseases (STDs), as well as programmes that address the collection and analysis of population data, will cost, in 1993 United States dollars, $17 billion by the year 2000, $18.5 billion by 2005, $20.5 billion by 2010 and $21.7 billion by 2015. Approximately two thirds of the projected costs were expected to come from domestic sources and one third, or $5.7 billion in 2000, from the international donor community. For the year 2005, this would mean $6.1 billion.

11. The Programme of Action pointed out that additional resources would be needed to support programmes that addressed the broader population and development objectives including, inter alia, those that sought to strengthen the primary health-care delivery system, improve child survival, provide emergency obstetrical care, provide universal basic education, improve the status and empowerment of women, generate employment, address environmental concerns, provide social services, achieve balanced population distribution and address poverty eradication. No attempt was made to cost out the resources required to achieve these broad population and development goals.

C. Centrality of population vis-à-vis the Millennium Development Goals

12. Population and reproductive health factors are central to development and the achievement of the Millennium Development Goals. Population issues must be included in development programmes and poverty reduction strategies if the international community is to make any progress towards the achievement of the Millennium Development Goals. Placed within a broader context of poverty, and supported by an evidence base, reproductive health and rights issues stand a better chance of being incorporated into national policies and programmes. According to the Secretary-General,

> "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning." (Bangkok, December 2002)

13. The adverse consequences of reproductive health-related morbidity and mortality, including maternal deaths, and the human and environmental impacts of continued rapid population growth undermine individual and family well-being and slow development in many developing countries, widening the gap between rich and poor, both between and within countries. Morbidity and mortality resulting from inadequate access to reproductive health services, family planning, care in

pregnancy and childbirth, and prevention of sexually transmitted diseases and the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), affect women and men in their most productive years and exact a huge social and economic toll on society.

14. Experience has shown that funding for population and reproductive health and family planning programmes and investments in human capital bring results. A window of opportunity for increased savings and investment for economic growth arises when countries reach the stage in the demographic transition characterized by a larger proportion of the population in the working ages relative to dependent children and older persons. Under favourable economic conditions as well as political and social stability, this demographic bonus can have beneficial outcomes for economic growth and poverty reduction. Population and health policies, as well as health and family planning programmes, have helped shape the speed and magnitude of the demographic transition in developing countries. Effective reproductive health, including family planning programmes, together with economic and social development as witnessed by increasing levels of basic education of both boys and girls and employment opportunities, both of which helped to empower women, were instrumental in increasing contraceptive prevalence rates, lowering fertility rates and reducing poverty.

15. Most developing countries with available trend data show a substantial increase in contraceptive prevalence over the last 10 years[5]. Yet, considerable unmet need for reproductive health services, including family planning, remains. Demographic and health surveys show that desired fertility is significantly lower than attained fertility in many parts of the world, especially in rural areas. In a recent report on investing in health for economic development, the World Health Organization pointed out that, if conditions that cause avoidable deaths (including HIV/AIDS, childhood diseases and maternal conditions) were controlled in conjunction with enhanced family planning programmes, poor families would not only enjoy longer, healthier and more productive lives, but they would also choose to have fewer children and could therefore invest more for the education and health of each child.[6]

16. The Millennium Declaration, adopted at the Millennium Summit, in 2000, as well as the Monterrey Consensus, adopted at the International Conference on Financing for Development, in 2002, make clear that developing countries are committed to achieving the Millennium Development Goals for poverty eradication, child and maternal health, gender equality, HIV/AIDS prevention, universal primary education and environmental sustainability. However, they cannot do this on their own. The poorest countries cannot make all the needed investments in health, education, basic social services and key infrastructure. Without a partnership for development, including reductions in trade barriers, agricultural subsidies, debt relief, technology transfers and increased ODA flows, many developing countries will not be able to achieve the Millennium Development Goals by 2015.

17. The global compact implies responsibilities for both donors and developing countries. Meeting the Millennium Development Goals on partnerships should be done not only from the perspective of increased donor funding but also from the point of view of shared responsibility for resource mobilization and for more effective use of these resources. Donors are called upon to increase aid and to make every effort to reach the target of 0.7 per cent of GNP. If members of the

Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD/DAC) actually delivered assistance equal to 0.7 per cent of GNP, aid would be $165 billion a year — about three times the current level.[7] For their part, developing countries are called upon to exhibit good governance and demonstrate serious efforts to mobilize domestic resources, undertake effective policy reforms and strengthen institutions. Good governance must ensure that public services are equitable and respond to the needs of poor people.

D. History of population assistance

18. International assistance for population activities has come a long way since it first began in the early 1950s, when a small number of private organizations began to provide some $1 million a year to assist several developing countries. Since then, the increasing awareness of the linkages between population factors and development, along with the realization that population growth could threaten sustainable development, has resulted in an expansion of population assistance as more and more countries and organizations began to support family planning programmes, demographic and contraceptive research, and the formulation of population policies.

19. It was this climate that paved the way for the establishment of the United Nations Fund for Population Activities, currently known as the United Nations Population Fund (UNFPA). UNFPA, which became operational in 1969, is the world's largest international source of multilateral population assistance. The Fund helps developing countries, countries with economies in transition and other countries, at their request, to address reproductive health and population issues, and raises awareness of these issues in all countries.

20. From its modest beginnings in the 1950s, population assistance had grown to $257 million by the time of the World Population Conference in Bucharest in 1974 and to $547 million by the time of the International Conference on Population in Mexico City in 1984. And on the eve of the International Conference on Population and Development, donors were contributing $1.3 billion to population activities in developing countries.[8] These funds have made possible the implementation of a wide variety of population programmes throughout the developing world.

III. Trends in donor assistance for population activities since 1994

21. UNFPA collaborates with the Netherlands Interdisciplinary Demographic Institute (NIDI) and, since 1999, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the monitoring of resource flows to population activities. UNFPA tracks financial flows that are part of the costed population package of the "Programme of Action of the International Conference on Population and Development: family planning services, basic reproductive health services, STD/HIV/AIDS prevention activities,[9] and basic research, data and population and development policy analysis.

22. Data on donor assistance were gathered by means of a detailed questionnaire that was mailed to around 170 donors that provide population assistance, including countries, multilateral organizations and agencies, major private foundations and other NGOs. Increasingly, information from donor countries is obtained from the OECD/DAC database. Data for 2002 are provisional and are based on responses received as of 15 December 2003. They are subject to change as more responses are received.

23. Data for 2003 are estimates, based on a sample of selected donors, that formed part of a pilot exercise to develop a methodology for obtaining real-time estimates of resource flows. Extrapolations from the sampled data were made to arrive at estimates for all donors.

24. During the process preceding the International Conference on Population and Development and the immediate post-Conference period, there was an increasing flow of resources in the form of donor assistance for population activities. Several members of the international donor community demonstrated their commitment to achieving the goals and objectives of the Programme of Action through increased donor funding. International assistance for population activities increased 54 per cent between 1993 and 1995, from a total of $1.3 billion to $2.0 billion. The increased level of funding supported population programmes that benefited millions of people in developing countries. However, the momentum of Cairo did not last and population assistance hovered near the $2 billion mark from 1995 to 1999, with funding levels actually decreasing for the first time since the Conference in 1997.

25. Although population assistance peaked at $2.6 billion in 2000, the financial goal of the Conference of $5.7 billion by the year 2000 was not met; the resources mobilized represented roughly 46 per cent of the target agreed upon as the international community's share in financing the Programme of Action. In 2001, population assistance decreased to $2.5 billion, about 44 per cent of the target, widening the gap between actual assistance and the targets of the Conference. The provisional 2002 figure shows an increase to $3 billion (see table). Despite this encouraging increase, at current funding levels, the target for 2005 appears unlikely to be achieved (see figure 1). However, with significantly increased allocations to population assistance, resources can be made available as was agreed at the International Conference on Population and Development.

International population assistance, by major donor category, 1994-2003

(Millions of United States dollars)

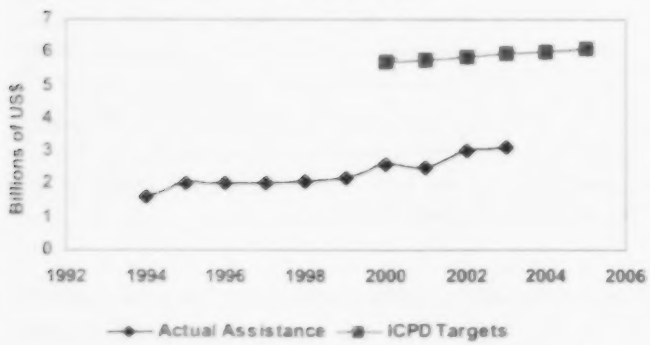
Donor category	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	*2002*	*Estimated 2003*
Developed countries	977	1 372	1 369	1 530	1 539	1 411	1 598	1 720	2 180	2 329
United Nations system	107	111	18	49	35	31	77	96	33	28
Foundations/NGOs	117	85	141	106	124	240	299	241	470	393
Development Bank grants	-	6	8	9	10	9	1	3	2	2
Subtotal	**1 201**	**1 574**	**1 535**	**1 694**	**1 707**	**1 691**	**1 975**	**2 060**	**2 685**	**2 752**
Development bank loans	436	460	509	266	426	540	604	461	328	328*
Total	**1 637**	**2 034**	**2 044**	**1 960**	**2 133**	**2 231**	**2 579**	**2 521**	**3 013**	**3 080**

Source: UNFPA, 2003. *Financial Resource Flows for Population Activities in 2001* and UNFPA/NIDI Resource Flows project database.

Note: The increased flow of resources after 1994 can, in part, be explained by the new classification system that reflects the costed population package of the International Conference on Population and Development and includes non-family planning reproductive health services and STD/HIV/AIDS activities that were not reported previously. Data for 2002 are provisional; data for 2003 are estimates.

* The 2003 figure for development bank loans is estimated at the 2002 level.

Figure 1. Population assistance as compared with Conference targets



Source: UNFPA, 2003. *Financial Resource Flows for Population Activities in 2001* and UNFPA/NIDI Resource Flows project database.

Note: Data on actual assistance for 2002 are provisional; data for 2003 are estimates.

A. Trends in bilateral assistance for population activities, 1994-2003

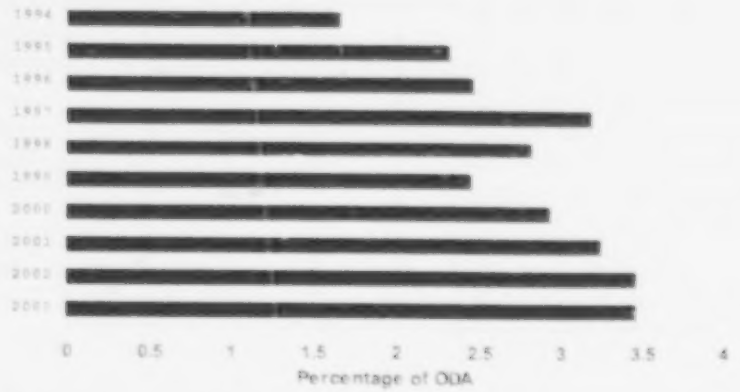
26. Developed countries provide the largest share of population assistance. Bilateral assistance increased slowly but steadily, from $977 million in 1994 to almost $2.2 billion in 2002. Most countries reporting 2002 funding levels increased their contributions over 2001. According to preliminary estimates, donors provided $2.3 billion for population activities in 2003.

27. Population assistance as a percentage of ODA increased steadily from 1.65 per cent in 1994 to 3.18 per cent in 1997, after which it declined for two years. The figure began to increase once again in 2000 and 2001, when it stood at 3.24 per cent. Provisional 2002 figures show that population assistance as a percentage of ODA increased to 3.46 per cent. The 2003 figure remains at the 2002 level pending the release of 2003 ODA data (see figure 2). Only a handful of countries contribute the suggested 4 per cent or more of their total ODA for population assistance; in 2002, only five countries did so.

28. Total ODA declined from $59.2 billion in 1994, reaching a low of $48.5 billion in 1997, increased to $56.4 billion in 1999 and decreased once again in 2000 and 2001 to $53.5 billion and $52.3 billion, respectively. When world leaders adopted the Millennium Declaration in 2000, ODA was at an all-time low as a ratio to donor-country GNP. The International Conference on Financing for Development, held at a critical moment in the history of international development assistance, sought to halt the downward trend in aid and to create a new reinvigorated climate of international cooperation for development. Donor countries committed to increasing their ODA to developing countries in the context of the Monterrey Conference, resulting in a 5 per cent increase in ODA in 2002 to $57 billion. Despite the fresh impetus to development assistance provided by Monterrey, current levels of ODA are still well below those needed to achieve the Millennium Development Goals and other internationally agreed development goals. Least developed countries are especially in need of larger flows of aid.

29. Results from the UNFPA Global Field Inquiry, conducted as part of the 10-year review of the implementation of the Programme of Action of the International Conference on Population and Development and the ICPD+5 Key Actions, show that donors are facing constraints in m[illegible]lizing resources in their own countries to support international assistance progra[illegible]es, [illegible]uding implementation of the Programme of Action. The greatest constraint is the high demand for donor funds and other financial constraints on donors' international aid budgets.

Figure 2. Population assistance of donor countries as a percentage of official development assistance, 1994-2003



Source: UNFPA, 2003. *Financial Resource Flows for Population Activities in 2001* and UNFPA/NIDI Resource Flows project database.

Note: Data for 2002 are provisional, data for 2003 are estimates.

B. Trends in multilateral assistance for population activities, 1994-2003

30. Multilateral assistance to population activities is provided by the organizations and agencies of the United Nations system, mainly from UNAIDS, UNICEF, UNFPA and WHO. To avoid double-counting, whatever the United Nations agencies receive for population assistance from OECD/DAC donor countries is considered to be bilateral assistance. Agencies' general funds not earmarked for population activities, interest earned on funds and money from income-generating activities that are spent on population activities are considered multilateral assistance for population. Funds received from developing countries that agencies spend on population activities are a small portion of an agency's regular budget and are also included as multilateral assistance. Multilateral assistance, which was $107 million in 1994, decreased significantly for a number of years primarily due to failure on the part of some major United Nations agencies to report their income for population activities. Better reporting and increases in funding saw multilateral assistance increase to $96 million in 2001. With most of the major contributors responding, this figure decreased to $33 million in 2002, reflecting real decreases in funding for population on the part of the United Nations system. It is estimated that funding levels decreased further to $28 million in 2003 (see table).

31. UNFPA is the leading provider of United Nations assistance in the population field, providing support for 144 developing countries in 2002. In order to stimulate resource mobilization, UNFPA, which relies on voluntary contributions, uses the multi-year funding framework initiative, which emphasizes management for results, tying programme support to policy development and linking the International Conference on Population and Development and the Millennium Development Goals in the context of poverty reduction.

32. Over the years, development banks have provided funding for special grants programmes in the area of population. The amounts varied from a low of $1 million in 2000 to $10 million in 1998. The World Bank and, to a lesser extent, the Asian Development Bank, have been providing the grants for population programmes.

33. Development bank loans, which are also an important source of multilateral population assistance, are treated separately from grants because they must be repaid. The banks' projects reflect multi-year commitments recorded in the year in which they are approved but disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention, and fertility and health survey and census work. Loans from development banks totalled $436 million in 1994 and fluctuated over the years, depending on the approval of new project cycles. Bank lending peaked in 2000 at $604 million. In 2002, the World Bank reported lending $328 million for population activities. In the absence of complete data, the 2003 figure for bank lending is estimated at the 2002 level.

C. Trends in private assistance for population activities, 1994-2003

34. Foundations, non-governmental organizations and other private organizations are also important sources of population assistance. Private assistance, which has fluctuated over the years, has increased considerably, from $117 million in 1994 to $299 million in 2000. The economic downturn resulted in decreased assistance ($241 million) from foundations and NGOs in 2001, with a number of foundations that provided significant funding for population activities in the past reducing their contributions. The trend was reversed in 2002 as private assistance reached $470 million, but according to preliminary indications, it is expected to decrease to $393 million in 2003. Major contributors in the last few years have included the Bill and Melinda Gates Foundation, the David and Lucile Packard Foundation, the United Nations Foundation, the William and Flora Hewlett Foundation and the Rockefeller Foundation. The OPEC Fund for International Development joined the top donors in 2002.

D. Expenditures for population activities by geographic region, 1994-2003

35. Approximately 140 countries and territories benefited from population assistance each year during the period from 1994 to 2003. With the exception of 1994, sub-Saharan Africa, which includes the majority of the least developed countries, has consistently been the largest recipient of assistance. The next largest recipients of population assistance have been Asia and the Pacific, Latin America and the Caribbean, Western Asia and North Africa, and Eastern and Southern Europe. Global and interregional population activities have been receiving an increasingly larger share of total population assistance over the years, from 14 per cent in 1994 to 44 per cent in 2002. They include such activities as safe motherhood, maternal health, contraceptive technology research, strengthening reproductive health in communities in crisis, international HIV/AIDS programme development and support, and population information programmes. Estimates for 2003 show that

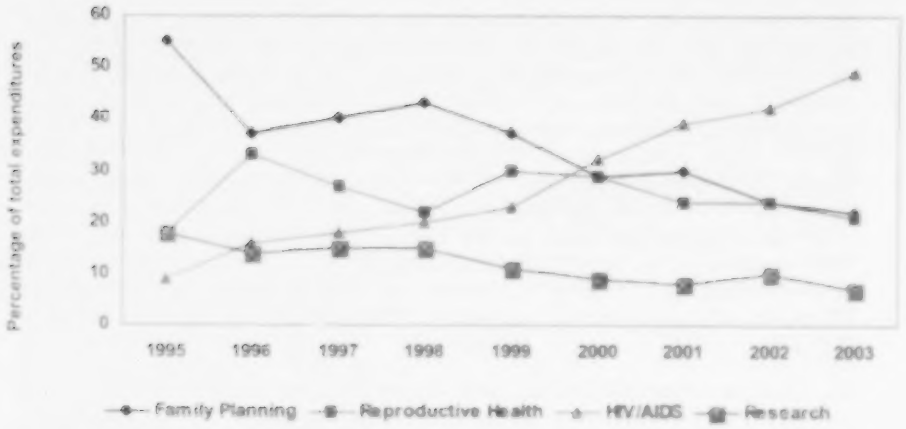
sub-Saharan Africa continued to be the largest recipient of population assistance and that the share of funding going to global and interregional activities decreased negligibly, to 43 per cent.

E. Expenditures for population activities by category of activity, 1994-2003

36. UNFPA first began monitoring expenditures for population activities by the following four ICPD costed population categories in 1995: (a) family planning services; (b) basic reproductive health services; (c) STD/HIV/AIDS activities; and (d) basic research, data and population and development policy analysis. As countries began to embrace the broader approach of the International Conference on Population and Development, the amount of expenditures going to the different population components changed over the years. Consistent with the call by the International Conference on Population and Development for integration of services, funding for basic reproductive health services increased, with fluctuations, from 18 per cent in 1995 to 24 per cent in 2002, while explicit funding for family planning services decreased, fluctuating between 55 per cent and 24 per cent during the same period. Consistent with the rapid spread of the HIV/AIDS pandemic, funding for HIV/AIDS activities has increased sharply since 1995, from 9 per cent of total population assistance to 42 per cent in 2002. Funding for basic research activities decreased steadily from 1995 to 2001, from 18 per cent to 8 per cent, but increased to 10 per cent in 2002. According to estimates for 2003, funding for HIV/AIDS increased to 49 per cent of the total, while that for family planning, reproductive health and basic research decreased (see figure 3). Although in absolute dollar amounts, funding for reproductive health and basic research activities also increased since 1995, the largest and increasing proportion of total population assistance goes to fund HIV/AIDS activities.

37. The growing trend towards integration of services and the increasing use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population, funding that goes to family planning, reproductive health and STD/HIV/AIDS activities.

Figure 3. Trends in population assistance by category of activity, 1995-2003



Source: UNFPA, 2003. *Financial Resource Flows for Population Activities in 2001* and UNFPA/NIDI Resource Flows project database.

Note: Data for 2002 are provisional; data for 2003 are estimates.

F. Expenditures for population activities by channel of distribution, 1994-2003

38. Assistance for population activities flows from the donor to the recipient country through one of the following channels: (a) bilateral — directly from the donor to the recipient country Government; (b) multilateral — through United Nations organizations and agencies; and (c) non-governmental — through such organizations as the International Planned Parenthood Federation and the Population Council. Over the years, over 40 per cent of all population assistance was channelled through NGOs. In 1997, 1998 and 2000, the NGO channel accounted for at least 50 per cent of the resource flow. A total of 60 per cent of population assistance flowed through the NGO channel in 2001 and 59 per cent in 2002. The popularity of using the NGO channel for population assistance, which can be seen throughout the world, is expected to continue in 2003. The bilateral channel accounted for about one quarter of population assistance, except in 1995, when immediately following the International Conference on Population and Development, it accounted for 37 per cent of assistance. It stood at 22 per cent in 2002. The multilateral channel was strongest in the pre-Cairo years but declined from 31 per cent in 1993 to 23 per cent of population assistance in 2000 and 18 per cent in 2002.

IV. Trends in domestic expenditures for population activities

39. The International Conference on Population and Development pointed out that the domestic resources of developing countries provide the largest portion of funds for attaining development objectives. Domestic resource mobilization is therefore one of the highest priority areas for focused attention to ensure the timely actions required to implement the Cairo agenda. UNFPA has been monitoring domestic expenditures for population activities since 1997. Information on domestic resource flows is based on responses to questionnaires sent to some 90 UNFPA/United Nations Development Programme (UNDP) Country Offices throughout the world for further distribution to government ministries and large national NGOs. Surveys of domestic expenditures were initially conducted on an annual basis but, since 1999, to reduce the burden on financial and human resources, countries are surveyed on a two-yearly basis. Country case studies are conducted as part of the resource flows project to supplement the mail inquiry.[10] Data for 2003 are estimates based on a sample of selected developing countries.

40. It is becoming increasingly difficult to track the progress of developing countries towards achieving the financial targets of the International Conference on Population and Development. Each year, fewer countries provide information on domestic expenditures for population activities. Many Governments, including several of the most populous countries, are unable to supply the requested data because of funding, staffing and time constraints. In addition, countries that do not have well-developed systems for monitoring resource flows are unable to provide the requested information, especially when funding is pooled in integrated social and health projects and sector-wide approaches. Further, countries with decentralized accounting systems can only supply data on national expenditures and are unable to provide information on expenditures for population at subnational (lower administrative) levels. In the first survey, conducted in 1997 (surveying fiscal year 1996), 62 out of the 162 countries covered by UNFPA/UNDP Country Offices responded to the questionnaire. The following year, 79 countries responded, but every survey year thereafter, the number of responses decreased, reaching 47 countries by 2002. While the earlier rounds of data collection covered around 80 per cent of the population in developing countries, by 2002, the responses covered only 52 per cent of the population because a number of the most populous countries had not replied. To address this issue, UNFPA and UNAIDS are giving high priority to strengthening national capacity to systematically monitor resource flows for population activities.

41. Most domestic resources for population originate with the Government, which plays a major role in financing population programmes in developing countries. The majority of national NGOs are highly dependent on international sources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

42. UNFPA is aware that the private sector, including for-profit providers of population services and commodities, and out-of-pocket expenditures play an important role in financing population activities in many countries. However, reliable and complete information is not readily available and financial, time and staff constraints have made it impossible to systematically capture these data.

43. On the basis of responses received from the UNFPA/NIDI surveys, government expenditures for population activities were $2.3 billion in 1997, $2.5 billion in 1998, $3.5 billion in 1999 and $1.5 billion in 2001. The much lower expenditures in 2001 are largely due to the fact that a number of countries with large populations did not reply to the survey for fiscal year 2001. As was the case with donor assistance, the level of domestic expenditures for family planning services declined, while those for basic reproductive health services and HIV/AIDS activities increased.

44. UNFPA has been calculating a rough estimate of global domestic resource flows, based on information obtained from countries that responded to the UNFPA/NIDI surveys, reports of country case studies and supplementary data for a few large countries that either had not responded or had provided incomplete data.[11] The resulting figure yields a global total of government and NGO expenditures for population. An existing estimate of the proportion of private resources in the domestic total (14 per cent) is added to reflect private resources. Results suggest that domestic expenditures, which averaged annually around $8 billion in the years 1997-2000 declined to $7 billion in 2001. Estimates for 2003, adjusted for decentralized government expenditures in one large country, indicate that developing countries mobilized $11.7 billion in 2003.

45. Although the global figure of domestic resource flows is a rough estimate based on data that are incomplete and not entirely comparable, the information is useful in that it provides some idea of the progress made by developing countries, as a group, in achieving the financial resource targets of the Programme of Action of the International Conference on Population and Development. While the global total shows real commitment on the part of developing countries and countries with economies in transition, it conceals the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, are simply unable to generate the necessary resources to finance their own population programmes and rely almost entirely on donor assistance.

V. Resources for other population-related activities

46. Both donor and developing countries have indicated that a significant amount of resource flows goes to other population-related activities that address the broader population and development objectives of the agenda of the International Conference on Population and Development, but that have not been costed and are not part of the agreed target of $17 billion for 2000. The population-related activities that countries support include: poverty alleviation, primary health-care delivery systems, child health and survival, basic education, including girls' and women's education, empowerment of women, rural development and income generation. Since they are not part of the costed population package, funding for such activities is not included in the calculations of international population assistance and domestic resources for population. If the amount of resources spent on these activities were added to expenditures for the costed population package, the overall level of support for the Programme of Action of the International Conference on Population and Development would be considerably higher.

VI. Overview of issues in resource mobilization

47. A number of issues have arisen since Cairo that, if not adequately addressed, will impede full implementation of the Conference agenda. Chief among them are the lack of adequate resources, the continued dependence of many developing countries on population assistance, and the need to ensure that limited resources are used as efficiently and effectively as possible to serve those most in need.

48. *Lack of adequate resources.* Many low-income developing countries cannot generate the necessary resources to implement population and reproductive health programmes. Results from the UNFPA Global Field Inquiry reviewing progress since Cairo clearly show that a lack of adequate financial resources is the most important constraining factor that prevents the achievement of the goals of the International Conference on Population and Development. Countries reported that they were unable to, inter alia, develop the necessary infrastructure, especially roads, schools and health-care delivery sites; increase human resources; improve the quality of, and increase access to, health-care services, including reproductive health services; provide essential medications and increase contraceptive options; and procure basic medical equipment.

49. *Competing development priorities.* Poor countries are faced with many competing development priorities. Many of them simply cannot afford to make the necessary investments in population. As a result, population issues are often excluded from social and health sector programmes because there is not enough funding to go around, or because new priorities are surfacing without safeguards to ensure sustainability and expansion of existing programmes. Population and reproductive health issues cannot be ignored. It is essential to mobilize additional and new resources to protect investments already made in existing programmes. Meeting reproductive health supply needs is an essential element in the global effort to save the lives of women and men by protecting their reproductive health.

50. *The changing face of development cooperation.* Development is no longer universally viewed as the business of specialized bilateral and multilateral aid agencies. There is an increasing belief that financing for development encompasses much more than aid. It includes mobilizing domestic financial resources; mobilizing international resources; international trade; increasing international financial and technical cooperation for development; addressing international debt; addressing systemic issues in the international monetary, financial and trading systems. ODA can no longer be relied upon as the key instrument for the promotion of development. Population must be seen as an integral part of development, and population issues must figure prominently in national development plans and poverty reduction strategies that are devised and owned by the national authorities.

51. *Political commitment to the Cairo agenda.* The new focus of Cairo requires changes at policy, institutional and managerial levels to reorient population policies in order to focus on a human rights approach and on the need to provide adequate information and services. Governments and civil society must be willing to commit themselves to the process of integrating population and development strategies and operationalizing the concepts of reproductive health and reproductive rights. Vertically structured family planning services that run parallel with other health services must be integrated, necessitating changes in policies and operational and supervisory structures, retraining of staff, and the overcoming of bureaucratic

obstacles and jurisdictional problems. Full involvement of NGOs, especially women's groups, at all levels is also necessary.

52. *Impact and efficiency of resource use*. Given limited financial resources, issues of cost effectiveness and programme efficiency become more salient. It is not sufficient for resources to be mobilized, both donors and recipients must make sure that the resources are used for the benefit of all, but especially poor people. Coordination of donor policies and identification of funding gaps is also essential. A major step towards harmonization of aid procedures was taken in 2003 with the adoption of the Rome Declaration on Harmonization by 20 bilateral and multilateral development organizations and some 50 country representatives. OECD has created a new OECD/DAC Working Party on Aid Effectiveness and Donor Practices to increase aid efficiency through greater harmonization and coherence.

VII. The future of monitoring resource flows

53. Based on the findings of an external evaluation of the resource flows project and an expert group meeting held in June 2003, UNFPA and UNAIDS, in partnership with NIDI and other organizations, plan to review the scope of the resource flows data collection project in the new inter-country project cycle 2004-2007. There are plans to broaden project objectives beyond measuring commitment to the goals of the International Conference on Population and Development and HIV/AIDS goals to encompass equity and impact assessments and to build national capacity to use resource flow data in policy dialogue and country programming processes, including for poverty reduction strategies. To minimize respondent fatigue, UNFPA/UNAIDS/NIDI plan to facilitate reporting by streamlining surveys and focusing on core donors and developing countries while making more extensive use of sampling and estimation techniques. Data collection will strive to meet national needs in addition to the reporting needs of UNFPA and UNAIDS.

54. To address the challenge of separately identifying expenditures for the four categories of population activities because they are part of integrated health projects and sector-wide approaches (SWAps) and to further minimize the burden on respondents, UNFPA is considering the feasibility of collapsing the four categories of the costed population package of the International Conference on Population and Development into three categories: basic reproductive health services, HIV/AIDS activities and basic research, data and population and development policy analysis. Family planning services would be included under the category of basic reproductive health.

55. UNFPA has begun an initiative to strengthen its capacity to cost the results of its programmatic activities with a focus on the costing of reproductive health interventions. The costing initiative includes a thorough literature review to evaluate studies that have already been undertaken in this area. UNFPA is collaborating with the Royal Tropical Institute (KIT) in the preparation of a practical guide and resource book for the economic and financial analysis of reproductive health. This costing exercise will assist programme managers in setting budgets and allocating resources as well as in monitoring the cost-effectiveness of their activities. It will also facilitate ongoing efforts to better integrate population and reproductive health issues into sector-wide approaches and poverty reduction strategy papers.

VIII. Conclusion

A. Progress in resource mobilization

56. The Conference goal of mobilizing $17 billion by the year 2000 was not met, and the gap between the target level of resources required and that actually made available remains wide. Resources directed to the implementation of the Programme of Action of the International Conference on Population and Development have increased since 1994 but not at the level required to implement the Cairo objectives. Both donors and developing countries fell short of the agreed targets. It is estimated that, in 2003, donor funding stood at just over $3 billion, and domestic resources were estimated at $11.7 billion. Although the increase is seen as an encouraging sign indeed, for many least developed countries, the lack of adequate funding remains the chief constraint to the full implementation of the Programme of Action and to attaining the goals of the Cairo agenda.

57. The increase in global funding to HIV/AIDS activities, the recent commitments by donors to increase ODA to developing countries in the context of the Monterrey Consensus and the five per cent recovery in development aid in 2002 show that it is possible to substantially increase resources to meet required targets. A number of countries are already providing 4 per cent of ODA to population, demonstrating that, given the will to do so, this is feasible for all donors.

B. Key areas requiring further attention

58. A total of 10 years have passed since the international community agreed to the financial resource targets to implement the Programme of Action of the International Conference on Population and Development. The population and health situation has changed dramatically since then, especially the magnitude of the spread of the HIV/AIDS pandemic and the way in which resources are allocated to sectors at the country level. Funding has not been as forthcoming as expected or required, greatly jeopardizing the achievement of the Cairo goals. To accelerate the implementation of the Cairo agenda, especially its financial resource targets, a number of key areas should be addressed.

(a) **Strengthening political will and commitment to implement the financial targets of the International Conference on Population and Development as an integral part of the implementation of the Millennium Development Goals and the mobilization of new, additional and sustained resources to fully implement the Programme of Action of the International Conference on Population and Development. Acceleration of resource mobilization advocacy efforts is essential to renew national commitments to the Cairo agenda and to ensure that sufficient funding is available from both donor and developing countries to achieve the financial targets;**

(b) **Establishing an effective partnership of donor and recipient countries, one based on mutual trust and performance and, in addition, on country ownership and donor coordination in support of country goals and the strengthening of collaboration between donors and recipients to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible;**

(c) **Enhancing the role of the private sector in the mobilization of resources for population and development. Civil society, especially women's NGOs, can play an important role in monitoring population expenditures and trying to ensure that Governments achieve financial targets and equity objectives.**

59. The challenge before the international community is to mobilize additional resources, both donor and domestic, to achieve the targets of the International Conference on Population and Development. It is particularly important to reach the ODA target of 0.7 per cent of GNP and to ensure that appropriate resources are allocated to population and reproductive health in the new funding and programming mechanisms such as SWAps and poverty reduction strategy papers. And looking forward, the 10-year review of the implementation of the Programme of Action of the International Conference on Population and Development will be a useful input to the five-year review of the implementation of the Millennium Declaration in 2005.

Notes

[1] See *Official Records of the Economic and Social Council, 1995, Supplement No. 7* (E/1995/27), annex I, sect. III.

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] See resolution S-21/2 of 2 July 1999, annex.

[4] All references to developing countries in the present report also include countries with economies in transition.

[5] See United Nations, *World Population Monitoring 2002: Reproductive Rights and Reproductive Health: Selected Aspects*.

[6] See "Macroeconomics and Health: Investing in Health for Economic Development". Report of the Commission on Macroeconomics and Health. Presented by Jeffrey D. Sachs, Chair, to Gro Harlem Brundtland, Director-General of the World Health Organization, on 20 December 2001.

See United Nations Development Programme, *Human Development Report 2003*.

[7] See Rafael M. Salas, *International Population Assistance: The First Decade*, New York: Pergamon Press, Inc., 1979 and United Nations Population Fund, *Global Population Assistance Reports* for 1982-1990 and 1993.

[8] Beginning with the 1999 round of questionnaires, UNFPA/NIDI began including data on HIV/AIDS treatment and care because it was becoming increasingly impossible for respondents to provide information on HIV/AIDS prevention activities only.

[9] To date, case studies have been conducted in the following countries: Brazil, China, Egypt, Ethiopia, India, Indonesia, Islamic Republic of Iran, Nigeria, Pakistan, Peru, Poland, Senegal, South Africa, Thailand and the United Republic of Tanzania.

[10] A simple estimation method is used to calculate the global figure of domestic resource flows. For 2001, for example, results of the 2001 UNFPA/NIDI survey were supplemented by reports of the UNFPA/NIDI case studies and other sources, as available, including data from previous rounds of questionnaires, resulting in a coverage of 90 per cent of the population. Regional estimates of domestic resource flows were extrapolated on the basis of 2001 population data and summed to yield a global total of government and NGO expenditures for population activities. A total of 14 per cent of the total was added to this figure to reflect private resources.

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Programme implementation and progress of work in the field of population in 2003: Population Division, Department of Economic and Social Affairs

Report of the Secretary-General

Summary

The present report reviews the progress achieved by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat in implementing its programme of work in the field of population in 2003. It covers the activities of the Population Division dealing with the analysis of fertility, mortality and migration; world population estimates and projections; population policies and population ageing; population and development; monitoring, coordination and dissemination of population information; and technical cooperation in population. A summary of the major accomplishments of the Population Division is presented in chapter I of the report. Chapter II provides highlights of the major activities of the Population Division: technical publications, wall charts, expert meetings, training, and dissemination of results, including through the Internet.

The Commission may wish to take note of this report.

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Introduction

1. The subprogramme in population in the United Nations Secretariat falls under the responsibility of the Population Division of the Department of Economic and Social Affairs. The programme of work for the biennium 2002-2003 was formulated on the basis of the medium-term plan for the period 2002-2005. The programme of work takes into account the recommendations of the 1994 International Conference on Population and Development, the twenty-first special session of the General Assembly on key actions for the further implementation of the Programme of Action of the International Conference on Population and Development and other relevant international conferences.

2. As described in the medium-term plan for the period 2002-2005,[1] the objective of the subprogramme in population is to increase understanding of the nature of demographic phenomena, in particular the interrelationships between population and development. The Commission on Population and Development provides intergovernmental guidance to the subprogramme.

3. Specifically, the expected accomplishments for the subprogramme in population, as presented in the programme budget for 2002-2003,[2] are:

(a) Increased ability of Member States to formulate national population and related policies and programmes;

(b) Better understanding and awareness by Member States and civil society, including NGOs of emerging issues in the field of population and development;

(c) Improved and timely access by Governments and civil society, including non-governmental organizations, to the United Nations research findings in the field of population and development, including via the Internet;

(d) Enhanced ability of Member States to achieve the goals and objectives of the Programme of Action of the International Conference on Population and Development and of the outcome of the twenty-first special session of the General Assembly.

4. The Population Division of the Department of Economic and Social Affairs continued to collaborate closely with agencies, funds, programmes and other bodies of the United Nations system in the implementation of the programme of work and in connection with the follow-up activities to the International Conference on Population and Development. United Nations missions, national Government offices, United Nations offices, researchers and the public regularly consult the Population Division regarding data, information and analyses of population and development issues.

5. The present report deals with the research and technical cooperation work and information activities carried out by the Population Division during 2003. A summary of the major accomplishments of the Population Division within the context of results-based budgeting is presented in Chapter I. Chapter II provides a substantive summary of the activities and outputs of the Population Division: technical publications, wall charts, expert meetings, training, and dissemination of results, including through the Internet.

I. Programme accomplishments in 2003

6. One of the major goals of the Population Division has been to encourage Member States to consider population variables in development planning. As shown in *National Population Policies, 2003*, an increasing number of Governments, particularly in less developed regions, are taking into consideration the role of demographic variables in socio-economic development. For example, in 2003, about two thirds of the countries in the less developed regions indicated that the current level of fertility was unsatisfactory, a rise from 55 per cent in 1976.

7. The Programme of Action of the International Conference on Population and Development identifies population growth as an important element in the development process and stresses that, in order to achieve an improved quality of life for present and future generations, it is important to facilitate the transition towards low birth and death rates, and hence to slower population growth. Publications of the Population Division, particularly *World Population Prospects: The 2002 Revision* and *National Population Policies, 2003*, have played a key role in monitoring the implementation of the Programme of Action. The number of countries with high levels of fertility (that is, above five children per woman), most of which are in Africa, declined from 55 in 1990-1995 to 34 in 2000-2005. Nonetheless, rapid population growth remains a concern for more than half the Governments in developing countries. Rising contraceptive use among couples, as documented in the Population Division's *World Contraceptive Use* wall chart, indicates that access to family planning continues to increase. However, many births are still unwanted or mistimed, and modern family planning methods remain unavailable to large numbers of couples.

8. The activities of the Population Division are enhancing the understanding of approaches to combating the HIV/AIDS epidemic, which has been identified as the population policy issue of highest concern in the world. The Division conducted a Workshop on HIV/AIDS and Adult Mortality in Developing Countries at United Nations Headquarters from 8 to 13 September 2003, for specialists from the hardest-hit African countries. In a post-workshop evaluation survey, the participants reported increased understanding on how to apply demographic tools to improve the quality of statistics, and many planned to work to increase cooperation among the various bodies involved in AIDS-related activities in their countries. Participants stressed, as an important outcome of the workshop, the possibility of networking with colleagues from other countries and their intention to continue sharing information and experiences via the Internet. The Division also strives to make users of demographic statistics aware of the consequences of the AIDS epidemic through such information as projections of the number of excess deaths due to AIDS and their demographic impact ("The impact of HIV/AIDS on mortality", UN/POP/MORT/2003/14, for example), the impact of the epidemic on sectors of society (*The Impact of AIDS*[3] and "The HIV/AIDS epidemic and its social and economic implications", UN/POP/MORT/2003/12) and behavioural aspects of the AIDS epidemic (*HIV/AIDS: Awareness and Behaviour*)[4].

9. The results of the research and analysis carried out by the Population Division reach a very wide audience, through its publications, the Internet, public presentations and press interactions. Notable among these are the Division's publications concerning global population estimates and projections and population ageing. The findings from the Division's newly developed long-range population

projections (*World Population in 2300*) have appeared in over 60 newspapers internationally and the staff of the Division have given press interviews in English, French, German and Spanish. Similarly, in April 2003, AARP, a large international non-governmental organization, added the Division's *World Population Ageing 2002* wall chart to its database of key information resources on ageing from around the world.

10. The influence of these activities is reflected in the unsolicited letters of appreciation received by the Division, the more than 30,000 Google citations of the United Nations Population Division/Department of Economic and Social Affairs, countless references to the work of the Division in scholarly papers and the popular press, and thousands of visits to the Division web site. In summary, population information is becoming more easily accessible to a broad audience, including those who may never have been aware of the existence and ease of use of such population information.

II. Highlights of major activities

A. Fertility and family planning

11. The Population Division has issued *World Fertility Report 2003*. The report presents, in a standard format, data on fertility, nuptiality, contraceptive use and national policies with respect to fertility and family planning for 194 countries and areas of the world. For each country profile, 43 indicators are presented for two dates: the most recent available data and benchmark data centred on 1970. As the total fertility rate is the most widely used indicator of fertility, a time series of data from different sources is presented for each country in graphic form. The graphs also depict estimates of total fertility from *World Population Prospects: The 2002 Revision*. Work is in progress on a fertility database which will complement the *World Fertility Report 2003*. All data from the *Report* are included in the database.

12. A report entitled *Levels and Trends of Contraceptive Use as Assessed in 2002* was issued in early 2004. The report shows that world contraceptive prevalence — the percentage of couples where the woman is of reproductive age and who are currently using contraception — is estimated to have reached 63 per cent in 2000, up from a level of 54 per cent in 1990. The report also shows that contraceptive use is dominated by modern methods, which account for 90 per cent of use worldwide. Female sterilization, intrauterine devices and the oral pill are the three most used methods in the world. The male condom is the fourth most widely used contraceptive. The report provides evidence that government support for methods of contraception increased steadily during the last quarter of the twentieth century. By 2001, 92 per cent of all countries supported family-planning programmes and contraceptives, either directly (75 per cent) through government facilities, or indirectly (17 per cent) through support of non-governmental activities such as those operated by family planning associations.

13. The wall chart *World Contraceptive Use 2003* was issued in early 2004. The chart presents the most recent contraceptive prevalence data available for each country as of 30 September 2003. The prevalence data are presented by method of contraception. The wall chart also presents rates of annual increases in contraceptive use between 1990 and 2000 as well as estimates of unmet need for contraception for

countries where data are available. In addition to the wall chart, a database entitled *World Contraceptive Use 2003* was also issued in early 2004. The database includes in electronic form the most recent contraceptive prevalence data presented in the above wall chart and, for as many countries as possible, trends in contraceptive prevalence for the period 1990-2002.

14. The Population Division has compiled a database on marital status by age and sex from over 900 population censuses and demographic surveys to show the changes in the timing and prevalence of marriage since the 1960s. An ongoing study shows that marriage is still the preferred status in most parts of the world. Marriage prevalence, described in terms of the percentage of men and women who have married at least once by age 45-49, is as high in the more developed regions as in the less developed regions. Ninety per cent of women aged 45-49 have been married at some point in their lives in both the more developed and the less developed regions. Among men aged 45-49, 91 per cent in the more developed regions and 86 per cent in the less developed regions have been married. The length of time spent in marriage has undergone dramatic changes during the past 30 years, mainly because of steep increases in age at marriage in many areas of the world and also because of increases in the incidence of divorce and separation. The average age at marriage among women has increased from 21.4 years in 1970 to 25.5 years in 2000.

B. Mortality and health

15. The Population Division organized a Workshop on HIV/AIDS and Adult Mortality in Developing Countries which was held at United Nations Headquarters from 8 to 13 September 2003. The workshop represented a unique combination of a technical meeting and a training activity for African specialists working in the area of HIV/AIDS from countries most affected by the epidemic. The objectives of this training were to give African specialists an understanding of the broad demographic aspects of the HIV/AIDS epidemic and to make them aware of the importance of effectively communicating research results on population and HIV/AIDS. The workshop focused on presentations by experts and active discussions between trainees and experts on technical and measurement aspects of HIV/AIDS and adult mortality. It also included discussions on ways to improve communication, especially through the media, and discussions on the social and economic effects of the HIV/AIDS epidemic, in conjunction with related policies and programmes. The last two days of the workshop were devoted to a discussion of opportunities and constraints in the use of demographic information as an advocacy tool in the countries represented. Relevant agencies, funds and programmes, including the Joint United Nations Programme on HIV/AIDS, the United Nations Population Fund, the United Nations Children's Fund and the World Health Organization, experts from universities and research centres, as well as United Nations correspondents and representatives of the Department of Public Information of the Secretariat, participated in the workshop. All the papers were made available on the Population Division web site and the full report of the workshop will be published and be made available on the web site.

16. Work has continued on the preparation of the report on infant and child mortality. The report will present, for each country, information on sources of data, estimates for both sexes combined, estimates specific to males and females, a

graphical illustration of trends and, where applicable, the output from the application of indirect methods.

C. International migration

17. The Population Division organized the Second Coordination Meeting on International Migration on 15 and 16 October 2003. The meeting brought together participants from offices and agencies in the United Nations system, intergovernmental organizations and other international and regional organizations active in the area of international migration. The second coordination meeting consisted of three substantive sessions devoted respectively to: a review of recent debates on international migration at the United Nations Secretariat; a discussion of selected current issues of international migration; and exchanges of information among participating organizations on their recent activities related to international migration. The second session focused on three key issues: workers' remittances; undocumented migration, with special attention to human trafficking; and international migration and security. All material relating to the meeting was made available on the United Nations Population Division web site and the full report of the meeting, including conclusions reached by the participants, will be made available on the Division's web site and issued as a working paper.

18. For its consideration of agenda item 93 (c), entitled "International migration and development", the Division prepared and submitted to the General Assembly at its fifty-eighth session the report of the Secretary-General on the topic.[7] The report summarizes activities relating to international migration and development carried out by relevant organizations within and outside the United Nations system and discusses the actual and potential mechanisms within the United Nations system for addressing the issues related to international migration and development. The General Assembly, in its resolution 56/203 of 21 December 2001, had requested the Secretary-General to solicit, one additional time, the views of Member States regarding the possibility of convening an international conference on international migration and development. By early July 2003, responses had been received from 46 Member States and one non-member State, representing 24 per cent of all United Nations Member States. The views expressed by the 47 Governments who responded were diverse, with 25 Member States favouring the convening of a conference and 22 expressing reservations about the proposal. Among the 25 Governments that favoured holding a United Nations conference, the majority considered that it should be of a technical and analytical nature. Most of the 22 Governments that did not favour the holding of a conference nevertheless underscored the importance of international migration and development. However, many of them considered that existing mechanisms, such as the Commission on Population and Development or a special session of the General Assembly, could provide appropriate forums for discussion of the issue.

D. Internal migration

19. The Population Division has completed work on the report entitled "Patterns and characteristics of internal migration in developing countries: evidence from DHS". The report presents patterns of internal migration and selected characteristics of migrants in less developed regions, based on data from the Demographic and Health Surveys. Despite their focus on reproductive health issues, DHS data contain

the information required to identify migrants and study residential transitions. The study presents evidence from 53 developing countries, many of them in Africa, where data on internal migration are most limited. Results of the analysis suggest that internal migration is generally higher in Africa than in Asia or in Latin America and the Caribbean. The data also show differences by sex in internal migration rates and patterns. While rural-rural migration is prevalent among women in most countries, urban-urban migration tends to prevail among men. Overall, migrant men and women tend to be more literate and educated than non-migrants in many African and most Asian countries, but the opposite is observed in Latin America, particularly among women. The report will be published as a working paper and has been made available on the web site of the Population Division.

E. World population projections

20. The Population Division completed the *2002 Revision* of its biennial world population estimates and projections to the year 2050. The results of the *2002 Revision* are contained in three volumes of publications (vol. I: Comprehensive Tables; vol. II: Sex and Age Distribution of Populations; and vol. III: Analytical Report), in a wall chart, and on a CD-ROM. In addition, the results have been issued on the Population Division web site (www.unpopulation.org), including as a user-friendly database for retrieving or downloading tables, and through a press release.

21. According to the *2002 Revision*, despite projected lower fertility levels and increased mortality risks to which some populations will be subjected, particularly due to HIV/AIDS, world population is expected to increase by 2.6 billion people, from 6.3 billion in 2003 to 8.9 billion in 2050. World population is currently growing at a rate of 1.2 per cent annually, implying a net addition of 77 million people per year. Six countries account for half of that annual increment: India for 21 per cent; China, 12 per cent; Pakistan, 5 per cent; and Bangladesh, Nigeria and the United States of America for 4 per cent each.

22. The Population Division also completed a new set of long-range projections, greatly extending the projection horizon of the *2002 Revision*. The previous long-range population projections had been published in 2000 as an extension to the *1998 Revision*. The new long-range projections were ground-breaking in two respects: they extended the time horizon to 2300 (the previous long-range projections were to 2150) and they were carried out by country (previously, the long-range projections had been available by continents only). According to the medium-range scenario described in these projections (in which world fertility levels will eventually stabilize at around two children per woman), world population will rise from the current 6.3 billion to around 9 billion in 2300. However, even small variations in fertility levels will have enormous impacts in the long term. As little as one quarter of a child under the two-child norm, or one quarter of a child above the norm will result in a world population ranging from 2.3 billion (low variant) to 36.4 billion (high variant) in 2300. Under another scenario (constant scenario), undertaken for the sake of illustration, if fertility levels remain unchanged at today's levels, world population would rise to 244 billion in 2150 and 134 trillion in 2300, clearly indicating that current levels of high fertility cannot continue indefinitely. These new long-range population projections show a smaller future population size (9 billion people) than previous United Nations long-range projections (10-12 billion). This is primarily due to the recent fertility declines throughout the developing world

and the expectation that future fertility trends in the developing countries will follow the path experienced by the developed countries.

23. The Population Division has completed the *2003 Revision* of World Urbanization Prospects and the first results have been issued as a working paper. In addition, results have been made available through two data sets on diskette: Urban and Rural Areas, 1950-2030 and Urban Agglomerations, 1950-2015, through the Division's online database and a press release. The full report will be issued later in 2004 as a sales publication. In addition, the results will be available in two wall charts, *Urban and Rural Areas 2003* and *Urban Agglomerations 2003*. The Population Division continues to work in close collaboration with the Demographic and Social Statistics Branch of the Statistics Division to expand the collection of relevant information on urban and city populations from countries.

F. Population policies

24. *National Population Policies 2003* was completed and will be published during 2004. The publication contains the most comprehensive and up-to-date information available on the population policy situation for all States Members of the United Nations as well as non-member States. Revised and updated on a biennial basis, the publication provides an overview of population policies and dynamics at mid-decade for the 1970s, 1980s, 1990s and for 2003. Included in the publication is information on national population policies in relation to population growth and age structure, fertility and family planning, health and mortality, international migration and spatial distribution. The study revealed that the most significant demographic concern in the world among Governments is HIV/AIDS. Other major concerns include low fertility and population ageing in developed countries and rapid population growth, and infant, child and maternal mortality in developing countries. The publication will be issued in three formats: a hard-copy version, a CD-ROM and a web-based downloadable version.

25. In 2003, a study on *Fertility, contraception and population policies* was finalized and issued as a working paper.[7] The results of the study revealed that reproductive behaviour, once viewed as a private matter outside the purview of Government action, has become widely accepted as a major concern of Governments. By 2001, virtually all Governments were providing support either directly or indirectly for contraceptive methods. Moreover, the United Nations was instrumental in promoting the international acceptance of family planning and in situating family planning programmes within the wider framework of reproductive health and reproductive rights.

26. A study on HIV/AIDS policies, *National responses to HIV/AIDS: a review of progress*, was prepared and presented at the United Nations Workshop on HIV/AIDS and Adult Mortality in Developing Countries (8-13 September 2003) (see para. 15). In providing a broad overview of national responses to the AIDS epidemic, the study found that from a slow policy response in the early 1980s when the emerging epidemic was limited to high-risk groups in a few countries, national HIV/AIDS policies have now become nearly universal. Furthermore, policies and programmes are increasingly addressing HIV/AIDS as a development challenge, requiring a multidimensional national response. The study showed that a key constraint to Governments' efforts to respond to the AIDS epidemic is the wide range of policies

and programmes which are essential for an effective response. Developing countries especially face difficult choices in striking the right balance between prevention, treatment and care.

27. The *United Nations Ninth Inquiry among Governments on Population and Development* was finalized and sent to all permanent missions to the United Nations in New York in 2003. Each round of the *Inquiry*, of which there have been eight previous rounds, has consisted of a detailed request for information sent to all Member and non-member States. The *Inquiry* is available in the six official languages. For the first time, the quinquennial *Inquiry* is being provided in a user-friendly electronic format as a computer diskette. The missions were requested to return the completed *Inquiry* by 31 January 2004. During 2004, the responses to the *Inquiry* will be analysed and the results issued later as a sales publication.

28. Issues related to population and security will be the focus of an expert group meeting to be organized by the Population Division and held in June 2004. The meeting will explore some of the myriad problems relating to population and security, concerning, inter alia, natural resources, the environment, HIV/AIDS, poverty, food, education and national defence, currently confronting many Governments.

G. Population ageing

29. A report on living arrangements of older persons around the world has been issued as a working paper and is being finalized for formal publication. Using census and survey data, the study analyses and compares patterns, trends and social and economic correlates of living arrangements of people 60 years or older for more than 130 countries. Aspects of living arrangements examined include residence with family members (particularly children and grandchildren), solitary living and the institutionalization of older persons. Newly released data from a special survey on older persons in seven Latin American and Caribbean countries made it possible to incorporate factors such as number of living children and the flow of informal support transfers, information that is usually not available from other data sources.

30. According to the findings of the study, in developed countries, on average a majority of older persons live alone or with a spouse only, while in most developing countries a large majority live with children or other relatives. Nonetheless, there is a worldwide trend for older persons to live alone, with neither spouse nor others. This trend is most pronounced in the more developed countries, but is seen in many less developed countries as well. There is wide variation among countries in the proportion of persons aged 60 or over living alone, ranging from 1 or 2 per cent in some African and Asian countries (such as Bahrain, Bangladesh, Burkina Faso, Comoros, Guinea and Senegal) to over one third in some European countries (including the Czech Republic, Denmark, Finland, Germany, the Netherlands, Sweden and the United Kingdom of Great Britain and Northern Ireland). Solitary living is more common in countries with higher income and education, and where older persons have fewer children available to live with. Nonetheless, the study shows that within developing countries, older persons who live alone are relatively disadvantaged, as indicated by information on household amenities. The findings also show that women make up a large majority of older persons living in institutions and those living alone, due mainly to women's predominance among the

unmarried and among the oldest-old. Among unmarried older persons, men are often more likely than women to live alone or in an institutional setting. Institutional living tends to be most common in countries with high levels of income. A notable finding concerns "skipped generation" households, an arrangement in which older persons reside with grandchildren but without children. Over 10 per cent of older women live in such households in most sub-Saharan African and some Latin American and Caribbean countries; over one quarter do so in some countries in Africa. Skipped-generation households are also becoming more common in some African countries, probably due to the spread of the HIV/AIDS epidemic.

H. Population and development

31. *The Impact of AIDS*[5] documents the demographic, social and economic consequences of the HIV/AIDS epidemic in developing countries, especially sub-Saharan Africa. Since the onset of the pandemic in the early 1980s, the HIV/AIDS epidemic is having and will continue to have an impact not only on the demography of the affected countries (mortality, fertility, age structure and population growth rates), but also on their social and economic development. HIV/AIDS is found to have a heavy impact on households, which are the first units affected by the disease. The death of the breadwinner often leads to the impoverishment of the household. Children are being taken out of school to care for ill parents or to supplement/provide household income. HIV/AIDS has led to an explosion in the number of orphans in hard-hit countries, as parents die from the disease. The study finds that it is common for relatives to take these orphans into their own homes, but the rapid rise in the number of orphans is threatening to overwhelm the traditional support system of the extended family. Many of the households fostering orphans are themselves poor, and taking in orphaned children represents a significant burden. The HIV/AIDS epidemic is also having a sizeable impact on the labour force, and on costs and productivity of business firms in the areas with high HIV prevalence. HIV/AIDS is also shown to impact agriculture in the most affected countries, increasing food insecurity. With respect to the health sector, the increased numbers of persons seeking medical services and the high cost of health care for AIDS patients are crippling the already inadequate health systems of the most affected countries. In the education sector, the disease is depleting the pool of qualified teachers. Overall, the impact of HIV/AIDS on socio-economic development is likely to intensify in the near future in the most affected countries. The study has been issued as a working paper and will appear as a sales publication in 2004.

32. Work is ongoing on the fourth version of the database on Population, Resources, Environment and Development. The new version, PRED Bank 2004, will include selected indicators from the *2002 Revision* of the United Nations world population estimates and projections and the 2003 edition of *National Population Policies*, both prepared by the Population Division, as well as economic, social and environmental indicators from the United Nations and other international organizations. PRED Bank 2004 will also include new variables such as literacy of young adults and revised school enrolment indicators and improvements to the user interface. Work on PRED Bank 2004 is expected to be completed in the first half of 2004, and to be available in the second half of the year.

I. Monitoring, coordination and dissemination of population information

1. Monitoring of population trends and policies

33. During 2003, the Population Division prepared the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development. The report[7] was prepared for the thirty-seventh session of the Commission on Population and Development, to be convened in 2004, 10 years since the adoption of the Programme of Action. The report reviews changes during the past decade and projections for the next decade in the areas of population levels and trends and population growth, age-sex structure and spatial distribution. It also reviews progress made in implementing the Programme of Action in areas related to reproductive rights and reproductive health, health and mortality, international migration and population programmes.

2. Population web sites

(a) Population Division web site (www.unpopulation.org)

34. During 2003, the Population Division continued to update and expand its web site. The web site, among other things, provides information related to recently issued Population Division research publications. All or selected parts of publications appear, as well as highlights, key findings, proceedings of meetings and wall charts. New items appearing on the Population Division web site include reports on world population projections, HIV/AIDS, international migration, population, education and reproductive behaviour, and population policies. The site also contains documents of the Commission on Population and Development.

(b) Population Information Network (www.un.org/popin)

35. The activities related to the Population Information Network (POPIN) are integrated into the technical cooperation programme of the Population Division. POPIN provides a portal to the wealth of population information and data available throughout the United Nations system. Maintenance and further development are undertaken on a continuing basis, to ensure that broken links are promptly repaired and that new online population resources offered by the United Nations and the specialized agencies and programmes of the United Nations system are reflected in the POPIN web site as soon as they go online. Analysis of the traffic to the POPIN web site shows that POPIN is a major channel for the dissemination of the population information generated by the United Nations, with an annual number of visits in excess of half a million.

J. Technical cooperation

36. The Population Division has continued to implement a programme of technical assistance to build capacity among population research centres in developing countries in the effective use of new technologies of information and communication, particularly the Internet, for population research. As part of the programme, the Division cooperated with the Centre for Population and

Development (CEPED), Paris, to organize a training workshop on the United Nations Educational, Scientific and Cultural Organization documentation management software package CDS/ISIS for librarians and information technology specialists from francophone population research centres in West Africa. The workshop was hosted by the Demographic Research Unit of the University of Lomé. As a result of the workshop, the catalogues of four major African population documentation centres (IFORD in Cameroon, ENSEA in Côte d'Ivoire, UERD in Burkina Faso and URD in Togo), which together contain virtually all the existing population and development literature on that part of the world, are now accessible for interactive consultation on the Internet.

37. The Lomé workshop was the third in a series of workshops organized by the Population Division in the framework of the DemoNetA, an Internet-based network of population research and training centres in six francophone countries in Africa. The Division maintains the web site of DEMONETA (http://demoneta.org) as well as the web site of DemoNetAsia (http://demonetasia.org), a network formed by eight Asian population institutions. The DemoNetAsia web site contains a comprehensive portal to high-quality online resources relevant to population research in Asia and globally. A third web site, Redeluso (http://redeluso.org), aims to provide links to online population resources relevant to the world's eight Portuguese-speaking countries.

38. The Division's technical cooperation programme continued to draw on the Division's analytical activities, such as technical meetings and major technical publications, in order to enhance the potential of those activities for capacity-building in developing countries. Thus, in connection with the Workshop on HIV/AIDS and Adult Mortality in Developing Countries (see also paras. 8 and 15), the Division, under the auspices of the Development Account, organized a training programme on the demographic impact of HIV/AIDS in Africa for 22 demographers, statisticians and public health specialists from 16 sub-Saharan countries. The training programme complemented the workshop with round-table sessions on national experiences as well as Internet-based preparatory resources and follow-up activities (http://membres.lycos.fr/aidsimpact).

39. Other examples of such synergies between analytical and technical cooperation activities include the creation of an automatic e-mail announcements service alerting subscribers of the release of new Population Division publications. Launched in early 2003, the service had over 1,000 subscribers by the end of the year, including subscribers from over 70 developing countries. The production and distribution to developing countries of *MORTPAK for Windows*, the Population Division's software package for demographic estimation, was also handled by the technical cooperation programme. Information on Population Division activities and outputs of particular relevance to developing countries is also regularly fed into the mailing lists of DemoNetAsia and DemoNetA, so as to better reach those constituencies.

40. Also under the auspices of the Development Account, the Population Division, in cooperation with the Economic and Social Commission for Asia and the Pacific, convened an international panel of eminent specialists to develop a research training programme on population ageing in developing countries (Bangkok, January 2003). The panel prepared a blueprint for a multistage programme that would be of use for both future activities of the United Nations and training institutions.

41. The Population Division also continued to reach out to the academic community, in particular, advanced population students and young researchers from developing countries. In that context, at the annual meeting of the Population Association of America (Minneapolis, United States, May 2003), the Division organized a briefing for about 100 specially invited students (representing over 60 countries) in attendance at the meeting. The briefing covered the various aspects of the work of the Division and answered many of the participants' questions regarding collaboration and employment opportunities.

Notes

[1] *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 6* (A/57/6/Rev.1).

[2] A/56/6 (Sect. 9).

[3] ESA/P/WP.185. Preliminary version of the report issued by the United Nations Statistics Division on 2 September 2003. Also available online at www.un.org/esa/population/unpop.htm.

[4] United Nations publication, Sales No. E.02.XIII.8.

[5] A/58/98.

[6] E/CN.9/2004/3.

[7] IFORD = Institut de Formation et de Recherches Démographiques.

ENSEA = Ecole Nationale Supérieure de l'Électronique et de ses Applications.

UERD = Unité d'Enseignement et de Recherche en Démographie.

URD = Unité de Recherche Démographique.

Annex

Publications, expert group meetings and other materials prepared or organized by the Population Division, 2003

Expert group meetings

Technical Working Group on Long-Range Population Projections, 30 June 2003, New York.

Workshop on Adult Mortality and HIV/AIDS in Developing Countries, 8-13 September 2003, New York.

Second Coordination Meeting on International Migration, 15-16 October 2002, New York.

United Nations Expert Group Meeting on World Population in 2300, 9 December 2003, New York.

Research studies

World Urbanization Prospects: The 2001 Revision. ST/ESA/SER.A/216. Sales No. E.02.XIII.16.

Levels and Trends of International Migration to Selected Countries in Asia. ST/ESA/SER.A/218.

International Migration Report 2002. ST/ESA/SER.A/220.

World Population Prospects: The 2002 Revision. Vol. 1, *Comprehensive Tables*. ST/ESA/SER.A/222.

World Population Prospects: The 2002 Revision. Executive Summary. ST/ESA/SER.A/222/ES.

World Population Prospects: The 2002 Revision. Vol. II, *Sex and Age Distribution on Population*. ST/ESA/SER.A/223.

World Population Prospects: The 2002 Revision. CD-ROM. ST/ESA/SER.A/225.

Concise Report on World Population Monitoring, 2003: Population, Education and Development. ST/ESA/SER.A/226.

Partnership and Reproductive Behaviour in Low-Fertility Countries. ESA/P/WP.177.

Coordination Meeting on International Migration. ESA/P/WP.178.

World Population Monitoring 2003: Population, education and development. ESA/P/WP.179.

World Population Prospects: The 2002 Revision, Highlights. ESA/P/WP.180.

Fertility, Contraception and Population Policies. ESA/P/WP.182.

United Nations Population Projections to 2300. ESA/P/WP.184.

Impact of AIDS. ESA/P/WP.185.

Long-Range Population Projections. Proceedings of the Technical Working Group on Long-Range Population Projections. ESA/P/WP.186.

Wall charts

International Migration 2002. ST/ESA/SER.A/219.

Periodicals

Population Newsletter, No. 73 (June 2002).

Population Newsletter, No. 74 (December 2002).

Population Newsletter, No. 75 (June 2003).

The *Newsletter* is issued biannually to provide, to a wide readership, information on the programme activities of the Population Division; on action taken by legislative bodies with competence in the population field; and on meetings on population and related issues organized by the Population Division and other United Nations organizations, as well as on recent and forthcoming publications of the Population Division.